

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ESTATE OF DIANE HELEN RAYMOND by the
Executor JOHN T. RAYMOND and JOHN T.
RAYMOND, individually,

v.

NO. 5:20-CV-00959-EGS

AMANDA R. LIEBERMAN, PA-C; ERRIN J.
HOFFMAN, M.D.; THE ALLENTOWN
SPECIALTY HOSPITAL d/b/a GOOD
SHEPHERD SPECIALTY HOSPITAL; LEHIGH
VALLEY HOSPITAL, INC.; *et al.*

ORDER

AND NOW, this _____ day of _____, 2021, upon
consideration of the Motion for Summary Judgment of Defendant, The Allentown Specialty
Hospital d/b/a Good Shepherd Specialty Hospital, and any response thereto, it is here by
ORDERED that said Motion is **GRANTED**.

It is further **ORDERED** that judgment is entered in favor of Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd Specialty Hospital, and against all other parties.

BY THE COURT:

EDWARD G. SMITH, J.

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**MOTION FOR SUMMARY JUDGMENT OF DEFENDANT, THE ALLENTOWN
SPECIALTY HOSPITAL d/b/a GOOD SHEPHERD SPECIALTY HOSPITAL**

Pursuant to Rule 56, Defendant, The Allentown Specialty Hospital d/b/a Good Shepherd Specialty Hospital (hereinafter, “Good Shepherd”), by and through its undersigned counsel, moves the Court to enter summary judgment in its favor.

This medical negligence case arises from a thoracentesis performed on Plaintiff, John T. Raymond’s late wife on March 8, 2018. It is undisputed that Mrs. Raymond had the procedure *at Lehigh Valley Hospital-Muhlenberg* (“LVH-M”) and that it was performed by Amanda Lieberman, PA-C (“PA Lieberman”). It is undisputed that PA Lieberman was employed by Medical Imaging of Lehigh Valley and worked at LVH-M. It is undisputed that PA Lieberman was not an independent contractor of Good Shepherd. Accordingly, there is no evidence to support a theory of negligence against Good Shepherd based on actual agency or vicarious liability.

Similarly, there is no evidence to support a theory that PA Lieberman was an ostensible agent of Good Shepherd. There is no evidence that a reasonably prudent person would be justified in believing that the thoracentesis was performed by Good Shepherd or its agents. Good Shepherd is a separate and distinct entity from LVH-M. The facilities have separate electronic medical records, separate licenses, separate nursing staff, and separate policies and procedures. There is no evidence that the thoracentesis was advertised or otherwise represented as care being rendered by Good Shepherd or its agents.

Finally, there is no evidence that Good Shepherd was negligent or breached any duty. No expert states that the care provided by Good Shepherd was below the standard. For that reason and because Plaintiff did not witness the alleged negligent acts of PA Lieberman while they were performed, Plaintiffs' negligent infliction of emotional distress claim fails as a matter of law.

Good Shepherd incorporates by reference its Statement of Undisputed Material Facts and Brief in support of its motion. For the reasons set forth herein, Good Shepherd respectfully requests that the Court grant its motion and enter the proposed Order.

Respectfully submitted,

GERMAN, GALLAGHER & MURTAGH

Dated: October 18, 2021

By: /s/ John P. Shusted
JOHN P. SHUSTED, ESQUIRE
JACQUELINE E. CAMPBELL, ESQUIRE
PA.I.D. 44675 / 306647
200 S. Broad Street, Suite 500
Philadelphia, PA 19103
P: 215-875-4037 / 215-875-4015
F: 215-732-4182
E: shustedj@ggmfirm.com
cambellj@ggmfirm.com
Attorneys for Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd
Specialty Hospital

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**STATEMENT OF UNDISPUTED MATERIAL FACTS IN SUPPORT OF THE
MOTION FOR SUMMARY JUDGMENT OF DEFENDANT, THE ALLENTOWN
SPECIALTY HOSPITAL d/b/a GOOD SHEPHERD SPECIALTY HOSPITAL**

Defendant, The Allentown Specialty Hospital d/b/a Good Shepherd Specialty Hospital (hereinafter, “Good Shepherd”), by and through its undersigned counsel, submits the following Statement of Undisputed Material Facts in support of their Motion for Summary Judgment and in compliance with the Court’s Policies and Procedures.

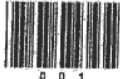

1. Plaintiffs’ decedent, Diane Helen Raymond, was a patient at Good Shepherd and transferred to the Interventional Radiology department at *Lehigh Valley Hospital-Muhlenberg* (“LVH-M”) on March 8, 2018, for a right thoracentesis. (*See* Deposition of Amanda Lieberman, PA-C attached as **Exhibit A**, at 101:13-21; 102:12-103:3).

2. Carin Minchew, PA-C (“PA Minchew”) obtained consent for the thoracentesis from Mrs. Raymond’s husband, Plaintiff, John T. Raymond (“Plaintiff”), over the phone, because she was not able to communicate consent. (*See* Deposition of Carin Minchew, PA-C attached as **Exhibit B**, at 48:24 – 53:23; 64:3-7).

3. PA Minchew is employed by Medical Imaging of Lehigh Valley and reports to work at LVH-M (*Id.*, at 17:4 – 18:25).

4. In obtaining consent by phone, PA Minchew would identify herself and state, “I’m a physician assistant at Lehigh Valley Hospital;” she did that in this case. (*Id.*, at 51:17 – 53:23).

5. The consent for the thoracentesis was documented on an LVH-M form:

LEHIGH VALLEY HOSPITAL ALLENTOWN, PA LEHIGH VALLEY HOSPITAL – MUHLENBERG BETHLEHEM, PA		 0 0 1	 SEX: F RAYMOND, DIANE MRN: [REDACTED] CSN: [REDACTED] DOB: [REDACTED] [REDACTED] HERE CHART/FORM LABEL
RADIOLOGY CONSENT FOR SURGERY / INVASIVE PROCEDURE			
PATIENT <u>Raymond, Diane</u>		DATE _____	TIME _____ AM/PM
I agree (consent) to Dr. <u>Hoffman / Minchew PA / Lieberman</u> and skilled assistants, including resident doctors and/or doctor assistants to do a(n): <u>Thoracentesis</u>			
• I understand that the procedure is to be performed at a teaching hospital and may involve resident doctors, medical students and other students and providers under the direction of my doctor.			
The above treatment/surgery: <input checked="" type="checkbox"/> right <input type="checkbox"/> left (if it applies) will be done for the care and diagnosis of: <u>Pleural fluid</u>			

(*Id.*, at 48:24 – 50:7 and Ex. 2; *see also* Lehigh Valley Hospital Radiology Consent for Surgery / Invasive Procedure attached as **Exhibit C**).

6. Brandi McMillian, RN, an employee of Lehigh Valley Health Network, witnessed the verbal consent obtained by PA Minchew in the Interventional Radiology department at LVHM. *See* Deposition of Brandi McMillian, RN attached as **Exhibit D**, at 13:1-24; 18:2 – 21:23.

7. The thoracentesis was performed by Defendant, Amanda Lieberman, PA-C (“PA Lieberman”); Defendant, Errin J. Hoffman, M.D. (“Dr. Hoffman”), was her supervising physician. (Ex. A, 101:13-21; 102:12-103:3; *see also* Deposition of Errin J. Hoffman, M.D. attached as **Exhibit E**, at 94:2-12).

8. PA Lieberman was employed by Medical Imaging of Lehigh Valley at the time of the thoracentesis and performed procedures at LVH-M. (Ex. A, at 22:25 – 23:20; 29:24 – 30:4; 36:18 – 37:7).

9. PA Lieberman was not an employee of Good Shepherd. (*Id.*; *see also* ECF Doc No. 51, ¶ 2).

10. PA Lieberman was not an independent contractor of Good Shepherd.

11. Dr. Hoffman was employed by Medical Imaging of Lehigh Valley at the time of the thoracentesis and worked at Lehigh Valley Hospital. (Ex. E, at 23:4-14).

12. Medical Imaging of Lehigh Valley is a private practice group employed by Lehigh Valley Hospital. (*Id.*).

13. Dr. Hoffman was not an employee of Good Shepherd. [ECF Doc No. 51, ¶ 3].

14. Dr. Hoffman was not an independent contractor of Good Shepherd.

15. Maureen Unser, RN was the interventional radiology nurse during the thoracentesis; she is employed by Lehigh Valley Hospital. (*See* Deposition of Maureen Unser, RN attached as **Exhibit F**, at 14:12 – 16:2; 53:21 – 54:1).

16. LVH has a written procedure for the thoracentesis that was performed in this case. (*Id.*, at 22:18 – 44:7 and Ex. 1; *see also* Lehigh Valley Hospital Department of Ultrasound Protocols attached as **Exhibit G**).

17. Plaintiffs' interventional radiology expert, Bradley Pollard, M.D., confirms that Mrs. Raymond "was transported from [Good Shepherd] to interventional radiology at Lehigh Valley Hospital" on March 8, 2018; that she had the thoracentesis performed by PA Lieberman; and that she was "transferred back to her room at Good Shepherd" after the procedure. (*See* Report of Bradley Pollard, J.D., M.D. attached as **Exhibit H**, at p. 2).

18. Dr. Pollard concludes that Mrs. Raymond sustained an iatrogenic injury during the thoracentesis and that PA Lieberman violated the standard of care in performing that procedure. (*Id.* at pp. 3-4).

19. Dr. Pollard did not criticize the care of Good Shepherd. (*Id.*)

20. No expert states that the care provided by Good Shepherd was below the standard.

21. Although the experts dispute whether there was an injury and whether PA Lieberman breached the standard of care, it is undisputed that the treatment at issue was performed by PA Lieberman at LVH-M.

22. Good Shepherd is a separate and distinct entity from LVH-M.

23. Good Shepherd is a long-term acute-care facility whereas LVH-M is a hospital.

24. Good Shepherd and LVH-M have separate state licenses.

25. Through Good Shepherd and LVH-M are in the same building, Good Shepherd is on the third and fourth floors whereas the Interventional Radiology department of LVH-M is on the second floor. (*See* Deposition of Sandra Kenter, RN attached as **Exhibit I**, at 17:23 – 18:24; 24:8-13).

26. LVH-M and Good Shepherd have separate electronic medical record systems.

27. LVH uses Epic, which is its electronic medical record program (Ex. A, at 46:8-18).

28. If a patient was an inpatient at LVH-M, then PA Lieberman could access the patient's recent medical records in Epic. (*Id.*, at 55:3-18).

29. She would not have access to a patient's records or chart if they came from an outside facility or facility that did not use Epic, such as Good Shepherd. (*Id.*).

30. PA Lieberman did not have access to Mrs. Raymond's chart or records from Good Shepherd (*Id.*, at 104:8 – 105:6).

31. There is no evidence that Mrs. Raymond, anyone from her family, or any reasonable person would have believed that the providers treating her at LVH-M were agents or employees of Good Shepherd.

32. Plaintiff testified that there were separate entrances for Good Shepherd and the ICU at LVH-M. (*See* Deposition of John T. Raymond attached as **Exhibit J**, at 117:16 – 118:6).

33. Plaintiff did not have any trouble differentiating the care at Good Shepherd from the care at LVH-M in the ICU. (*Id.*, at 114:4 – 115:18).

34. He did not witness the thoracentesis on March 8, 2018. (*Id.* at 60:13-16).

35. There is no evidence that Good Shepherd was negligent.

36. There is no evidence that the care provided by Good Shepherd was below the standard.

37. There is no evidence that PA Lieberman was an agent or employee of Good Shepherd.

38. Summary judgment should be entered in favor of Good Shepherd and against all other parties.

Respectfully submitted,

GERMAN, GALLAGHER & MURTAGH

Dated: October 18, 2021

By: /s/ John P. Shusted
JOHN P. SHUSTED, ESQUIRE
JACQUELINE E. CAMPBELL, ESQUIRE
PA.I.D. 44675 / 306647
200 S. Broad Street, Suite 500
Philadelphia, PA 19103
P: 215-875-4037 / 215-875-4015
F: 215-732-4182
E: shustedj@ggmfirm.com /
cambellj@ggmfirm.com
Attorneys for Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd
Specialty Hospital

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SHEPHERD SPECIALTY HOSPITAL; LEHIGH
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**BRIEF IN SUPPORT OF MOTION FOR SUMMARY JUDGMENT OF
DEFENDANT, THE ALLENTOWN SPECIALTY HOSPITAL d/b/a
GOOD SHEPHERD SPECIALTY HOSPITAL**

GERMAN, GALLAGHER & MURTAGH

Dated: October 18, 2021

By: /s/ John P. Shusted
JOHN P. SHUSTED, ESQUIRE
JACQUELINE E. CAMPBELL, ESQUIRE
PA.I.D. 44675 / 306647
200 S. Broad Street, Suite 500
Philadelphia, PA 19103
P: 215-875-4037 / 215-875-4015
F: 215-732-4182
E: shustedj@ggmfirm.com
cambellj@ggmfirm.com
Attorneys for Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd
Specialty Hospital

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I. INTRODUCTION

Presently before the Court is the Motion for Summary Judgment of Defendant, The Allentown Specialty Hospital d/b/a Good Shepherd Specialty Hospital (hereinafter, “Good Shepherd”).

This medical negligence case arises from a thoracentesis performed on Plaintiff, John T. Raymond’s late wife on March 8, 2018. It is undisputed that Mrs. Raymond had the procedure *at Lehigh Valley Hospital-Muhlenberg* and that it was performed by Amanda Lieberman, PA-C (“PA Lieberman”). It is undisputed that Good Shepherd is a separate and distinct entity from Lehigh Valley Hospital-Muhlenberg. None of Plaintiffs’ experts state that the care provided by Good Shepherd was below the standard. Accordingly, there is no direct evidence that Good Shepherd was negligent or breached any duty.

It is undisputed that PA Lieberman was employed by Medical Imaging of Lehigh Valley at the time of the procedure. It is undisputed that PA Lieberman was not an independent contractor of Good Shepherd at the time of the procedure. Accordingly, there is no evidence to support a theory of negligence against Good Shepherd based on actual agency or vicarious liability.

Similarly, there is no evidence to support a theory that PA Lieberman was an ostensible agent of Good Shepherd. There is no evidence that Mrs. Raymond, anyone from her family, or any reasonable person would have believed that the providers treating her at Lehigh Valley Hospital-Muhlenberg were agents or employees of Good Shepherd.

Accordingly, and for the reasons set forth herein, summary judgment should be entered in favor of Good Shepherd.

II. QUESTION PRESENTED

Should summary judgment be entered in favor of Good Shepherd, because there is no genuine dispute of any material fact and Good Shepherd is entitled to judgment as a matter of law?

Suggested Answer: Yes.

III. RELEVANT PROCEDURAL HISTORY AND FACTS

On February 24, 2020, Plaintiff commenced this civil action by filing a Complaint against Defendants, PA Lieberman; Errin J. Hoffman, M.D. (“Dr. Hoffman”); Good Shepherd; Lehigh Valley Hospital, Inc. (“LVH”), and unspecified fictitious persons and entities. [ECF Doc. 1]. An Amended Complaint was filed on May 15, 2020, against the same defendants. [ECF Doc. 25]. Good Shepherd filed an Answer on June 5, 2020, and an Amended Answer on August 10, 2020. [ECF Doc. 37; ECF Doc. 48]. Fact discovery was to be completed by April 30, 2021, and Plaintiffs’ expert reports were due June 14, 2021. [ECF Doc. 68]. Dispositive motions are due by October 29, 2021; therefore, this motion is timely filed. [ECF Doc. 78].

In the Amended Complaint, Plaintiffs allege Diane Raymond died following complications from a right thoracentesis performed by PA Lieberman on March 8, 2018. [ECF Doc No. 25, ¶¶ 18-30]. Plaintiffs did not allege that any specific acts or omissions of Good Shepherd caused Mrs. Raymond’s death. Rather, Plaintiffs’ theories of negligence against Good Shepherd are based on vicarious liability and ostensible agency under 40 Pa.C.S. § 1303.516. (*Id.*, ¶¶ 54-62 (Count Three, “Negligence/Ostensible Agency”); 102-112 (Count Nine, “Negligent Infliction of Emotional Distress/Ostensible Agency”); 138-146 (Count Thirteen “Survival/Vicarious Liability”); 170-178 (Count Seventeen, “Wrongful Death/Vicarious Liability”)).

For brevity, Good Shepherd incorporates by reference its Statement of Undisputed Material Facts as if fully set forth at length herein.

IV. LEGAL ARGUMENT

A. Legal Standard

Summary judgment is warranted if there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law. *See* Fed. R. Civ. P. 56. A dispute is “genuine if there is a sufficient evidentiary basis on which a reasonable jury could find for the non-moving party, and a factual dispute is ‘material’ only if it might affect the outcome of the suit under governing law.” *Kaucher v. County of Bucks*, 455 F.3d 418, 423 (3d Cir. 2006) (citing *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248, (1986)).

When considering a motion for summary judgment, the court must determine whether the evidence is such that a reasonable jury could return a verdict for the non-moving party. *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986). In making this determination, the court must view all facts, and any reasonable inferences therefrom, in the light most favorable to the non-moving party. *Id.* Once the moving party has met the initial burden of demonstrating the absence of a genuine issue of material fact, the non-moving party must establish the existence of each element of its case. *J.F. Feeser, Inc. v. Serv-A-Portion, Inc.*, 909 F.2d 1524, 1531 (3d Cir.1990) (citing *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986)). A party opposing summary judgment must do more than just rest upon mere allegations, general denials, or vague statements. *See Trap Rock Indus., Inc. v. Local 825*, 982 F.2d 884, 890 (3d Cir.1992). “[U]nsupported assertions, conclusory allegations or mere suspicions” are insufficient to defeat a motion for summary judgment. *Schaar v. Lehigh Valley Health Servs., Inc.*, 732 F. Supp. 2d 490,

493 (E.D. Pa. 2010) (citing *Williams v. Borough of W. Chester, Pa.*, 891 F.2d 458, 461 (3d Cir. 1989)).

B. Good Shepherd did not breach any duty of care.

Plaintiffs does not allege that any specific acts or omissions of Good Shepherd caused Mrs. Raymond's death. [ECF Doc. 25]. There are no direct negligence claims against Good Shepherd, and there is no evidence that Good Shepherd was negligent or breached any duty. (*Id.*) None of Plaintiffs' experts state that the care provided by Good Shepherd was below the standard. *See, e.g.*, Ex. H. Accordingly, Plaintiffs' claims against Good Shepherd are solely based on vicarious liability for the alleged negligence of PA Lieberman.

C. PA Lieberman was neither an employee nor contractor of Good Shepherd.

As a matter of law, Good Shepherd cannot be liable for the acts of PA Lieberman as she was neither an employee, agent, nor independent contractor of Good Shepherd. (Ex. A, at 22:25 – 23:20; 29:24 – 30:4; 36:18 – 37:7; *see also* ECF Doc No. 51, ¶ 2). It is undisputed that PA Lieberman was employed by Medical Imaging of Lehigh Valley at the time of the procedure at LVH-M. (*Id.*) Accordingly, there is no evidence to support a theory of negligence against Good Shepherd based on actual agency or employment.

D. No evidence that PA Lieberman was an ostensible agent of Good Shepherd.

Similarly, there is no evidence to support a theory that PA Lieberman was an ostensible agent of Good Shepherd.

Pennsylvania courts first applied the theory of ostensible agency embodied in Restatement (Second) of Agency § 267¹ and Restatement (Second) of Torts § 429² to hospitals engaging the services of physicians *on an independent contractor basis* in *Capan v. Divine Providence Hospital*, 430 A.2d 647 (Pa. Super. 1980). Thereafter, the following factors were applied to determine ostensible agency: "(1) whether the patient looks to the institution, rather than the individual physician for care and (2) whether the hospital 'holds out' the physician as its employee." *Yacoub v. Lehigh Valley Med. Assocs., P.C.*, 805 A.2d 579, 591 (Pa. Super. 2002) (quoting *Goldberg v. Isdaner*, 780 A.2d 654, 660 (Pa. Super. 2001) (citing *McClellan v. HMO*, 604 A.2d 1053, 1057 (Pa. Super. 1992))). "A holding out occurs 'when the hospital acts or omits to act in some way which leads the patient to a reasonable belief he is being treated by the hospital or one of its employees.'" *Id.* (quoting *Capan*, 430 A.2d at 649).

Eventually, the Medical Care Availability and Reduction of Error Act (MCARE Act), 40 P.S. §1303.101 *et seq.*, codified the law of ostensible agency as follows:

"(a) Vicarious liability—A hospital may be held vicariously liable for the acts of another health care provider through principles of ostensible agency only if the evidence shows that: (1) a reasonably prudent person in the patient's position would be justified in the belief that the care in question was being rendered by the hospital or its agents; or (2) the care in question was advertised or otherwise represented to the patient as care being rendered by the hospital or its agents."

40 Pa. Stat. § 1303.516 (emphasis added).

¹ Restatement (Second) of Agency § 267 defines ostensible agency as "[o]ne who represents that another is his servant or other agent and thereby causes a third person justifiably to rely upon the care or skill of such apparent agent is subject to liability to the third person for harm caused by the lack of care or skill of the one appearing to be a servant or other agent as if he were such."

² Restatement (Second) of Torts § 429 provides that one who employs an independent contractor to perform services for another which are accepted in the reasonable belief that the services are being rendered by the employer or by his servants, is subject to liability for physical harm caused by the negligence of the contractor in supplying such services, to the same extent as though the employer were supplying them himself or by his servants.

Notably, in the cases addressing ostensible agency in the healthcare setting, the provider at issue *was an independent contractor* of the medical facility. *See Boyd v. Albert Einstein Med. Ctr.*, 547 A.2d 1229 (Pa. Super. 1988) (finding that an independent contractor physician could be an ostensible agent of an HMO); *Parker v. Freilich*, 803 A.2d 738, 746–50 (Pa. Super. 2002), *app. denied*, 820 A.2d 162 (Pa. 2003) (finding that an independent contractor nurse could be the ostensible agent of a physician who performs an in-office procedure). The classic example is where a patient enters a hospital emergency room and accepts care from the doctor that is assigned by the hospital. In those situations, the patient is looking to the hospital for care and the hospital can be seen as holding out the doctor as its agent. *See Corrigan v. Methodist Hosp.*, 869 F.Supp. 1208, 1213 (E.D. Pa.1994); *see also Graham v. Barolat*, CA 03-2029, 2004 WL 2668579, at *6 (E.D. Pa. Nov. 17, 2004) (granting summary judgment on the ostensible agency claim because plaintiff presented no evidence to indicate she looked to the hospital for care and she first saw the physician at his private office).

Here, there is no evidence to support a claim that PA Lieberman was an ostensible agent of Good Shepherd. First, there is no evidence that a reasonably prudent person would be justified in believing that the thoracentesis was performed by Good Shepherd or its agents. It is undisputed that Mrs. Raymond was transferred from Good Shepherd to the Interventional Radiology department at LVH-M for the procedure. (Ex. A, 101:13-21; 102:12-103:3). It is undisputed that PA Lieberman was neither an employee nor independent contractor of Good Shepherd. (Ex. A, at 22:25 – 23:20; 29:24 – 30:4; 36:18 – 37:7; *see also* ECF Doc No. 51, ¶ 2). Rather, she was an employee of Medical Imaging of Lehigh Valley, a private practice group employed by LVH-M. (*Id.*; *see also* Ex. E, 23:4-14).

It is undisputed that the thoracentesis was performed at LVH-M and that LVH-M had a written procedure for same. (*See* Ex. A, at 101:13-21; 102:12-103:3; *see also* Ex. F, at 22:18 – 44:7; Ex. G). It is undisputed that Good Shepherd is a separate and distinct entity from LVH-M. The facilities have separate electronic medical records, separate licenses, separate nursing staff, and separate policies and procedures. (*See* Ex. A – Ex. J). There is no evidence that Mrs. Raymond or anyone from her family believed, or were led to believe, that PA Lieberman was an agent or employee of Good Shepherd.

Second, there is no evidence that the care in question was advertised or otherwise represented as care being rendered by Good Shepherd or its agents. To the contrary, when obtaining consent for the procedure, PA Minchew identified herself to Plaintiff as a “physician assistant at Lehigh Valley Hospital”. (*See* Ex. B, at 48:2 – 53:23; Ex. C). There is no genuine issue of material fact in dispute on this issue. Accordingly, there is no evidence that could support the ostensible agency claim against Good Shepherd.

E. Plaintiffs’ NIED claim fails as a matter of law.

Pennsylvania law limits negligent infliction of emotional distress (“NIED”) claims to four scenarios: (1) situations where the defendant owed a contractual or fiduciary duty to the plaintiff; (2) the plaintiff was subjected to physical impact; (3) the plaintiff was in a zone of danger and reasonably experienced a fear of impending physical injury; or (4) the plaintiff observed a tortious injury to a close relative. *Weiley v. Albert Einstein Med. Ctr.*, 51 A.3d 202, 217 (Pa. Super. 2012); *see also Runner v. C.R. Bard*, 108 F. Supp.3d 261, 272 (E.D. Pa. 2015). In the medical malpractice setting, a plaintiff must have *actually observed the negligent act* or conduct giving rise to such injury, not just its consequences. *See Halliday v. Beltz*, 514 A.2d 906

(Pa. Super. 1986) (affirming dismissal of NIED claim in medical malpractice case because husband and daughter did not observe negligent acts while they were performed).

Although Plaintiffs assert a NIED claim against Good Shepherd, this claim also fails because there is no negligence attributed to Good Shepherd. (*See* Ex. H). Moreover, Plaintiff did not witness the alleged negligent acts of PA Lieberman while they were performed. (Ex. J, at 60:13-16). Accordingly, Plaintiffs cannot establish a NEID claim against Good Shepherd.

V. RELIEF REQUESTED

For the foregoing reasons, Good Shepherd respectfully requests that the Court grant its Motion for Summary Judgment and enter judgment in its favor and against all other parties. There is no evidence that could establish a claim against Good Shepherd. No expert is critical of the care provided by Good Shepherd. The care at issue was performed by PA Lieberman at LVH-M, not Good Shepherd. PA Lieberman is employed by Medical Imaging of Lehigh Valley and works at LVH-M, not Good Shepherd. There is no evidence that a reasonably prudent person would be justified in believing that the thoracentesis was performed by Good Shepherd or its agents. Good Shepherd is a separate and distinct entity from LVH-M. The facilities have separate electronic medical records, separate licenses, separate nursing staff, and separate policies and procedures. Neither Mrs. Raymond nor anyone from her family believed, or were led to believe, that PA Lieberman was an agent or employee of Good Shepherd. There is no evidence that the thoracentesis was advertised or otherwise represented as care being rendered by Good Shepherd or its agents. To the contrary, when obtaining consent for the procedure, PA Minchew identified herself to Plaintiff as a “physician assistant at Lehigh Valley Hospital”. Summary judgment is warranted as there is no genuine issue of material fact in dispute and Good Shepherd is entitled to judgment as a matter of law.

Respectfully submitted,

GERMAN, GALLAGHER & MURTAGH

Dated: October 18, 2021

By: /s/ John P. Shusted
JOHN P. SHUSTED, ESQUIRE
JACQUELINE E. CAMPBELL, ESQUIRE
PA.I.D. 44675 / 306647
200 S. Broad Street, Suite 500
Philadelphia, PA 19103
P: 215-875-4037 / 215-875-4015
F: 215-732-4182
E: shustedj@ggmfirm.com
cambellj@ggmfirm.com
Attorneys for Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd
Specialty Hospital

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ESTATE OF DIANE HELEN RAYMOND by the
Executor JOHN T. RAYMOND and JOHN T.
RAYMOND, individually,

v.

NO. 5:20-CV-00959-EGS

AMANDA R. LIEBERMAN, PA-C; ERRIN J.
HOFFMAN, M.D.; THE ALLENTOWN
SPECIALTY HOSPITAL d/b/a GOOD
SHEPHERD SPECIALTY HOSPITAL; LEHIGH
VALLEY HOSPITAL, INC.; *et al.*

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing *Motion for Summary Judgment* was served upon all parties via E.C.F. on the date set forth below.

GERMAN, GALLAGHER & MURTAGH

Dated: October 18, 2021

By: /s/ John P. Shusted
JOHN P. SHUSTED, ESQUIRE
JACQUELINE E. CAMPBELL, ESQUIRE
PA.I.D. 44675 / 306647
200 S. Broad Street, Suite 500
Philadelphia, PA 19103
P: 215-875-4037 / 215-875-4015
F: 215-732-4182
E: shustedj@ggmfirm.com
cambellj@ggmfirm.com
Attorneys for Defendant, The Allentown
Specialty Hospital d/b/a Good Shepherd
Specialty Hospital

EXHIBIT "A"

<p style="text-align: right;">Page 22</p> <p>1 because you don't work there anymore?</p> <p>2 A. Correct.</p> <p>3 Q. And so tell me what you did there at</p> <p>4 DRA Imaging.</p> <p>5 A. The list of my duties are listed on</p> <p>6 my CV, but our primary job was to perform</p> <p>7 procedures in the radiology department.</p> <p>8 Q. At a hospital?</p> <p>9 A. Hospital and office-based procedures.</p> <p>10 Q. So does this CV accurately summarize</p> <p>11 what you did?</p> <p>12 A. So I'll look at it again. Those are</p> <p>13 our most common responsibilities.</p> <p>14 Q. You had additional tasks that you did?</p> <p>15 A. Yes. There were some other -- other</p> <p>16 responsibilities.</p> <p>17 Q. Like generally, tell me what those</p> <p>18 other responsibilities would have been.</p> <p>19 A. One example would be placement of PICC</p> <p>20 lines. Another example would be performance of</p> <p>21 hip arthrograms.</p> <p>22 Q. And why did you leave that job?</p> <p>23 A. Because I was moving back to</p> <p>24 Pennsylvania.</p> <p>25 Q. And then it appears you became a</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. And it says Medical Imaging of Lehigh</p> <p>2 Valley on it? I didn't hear that.</p> <p>3 A. Yes.</p> <p>4 Q. Are you employed by Lehigh Valley</p> <p>5 Health Network at all?</p> <p>6 A. No.</p> <p>7 Q. Where is Medical Imaging of the Lehigh</p> <p>8 Valley located?</p> <p>9 MS. SHANNON: Object to the form, but</p> <p>10 you can answer.</p> <p>11 THE WITNESS: The business office is</p> <p>12 located on Cedar Crest Boulevard and the</p> <p>13 interventional radiology office is located at</p> <p>14 that location.</p> <p>15 BY MR. WILHELM:</p> <p>16 Q. Okay. Is there a number for Cedar</p> <p>17 Crest Boulevard?</p> <p>18 A. I don't -- I don't know the address</p> <p>19 offhand. I don't work out of that office.</p> <p>20 Q. Okay. Where do you work out of?</p> <p>21 A. The hospital and at the 1230 building</p> <p>22 at Lehigh Valley Imaging is an outpatient</p> <p>23 diagnostic office under the umbrella of Medical</p> <p>24 Imaging.</p> <p>25 Q. When you say 1230, you mean 1230 Cedar</p>
<p style="text-align: right;">Page 23</p> <p>1 physician assistant at Medical Imaging of Lehigh</p> <p>2 Valley around March of 2012, correct?</p> <p>3 A. Correct.</p> <p>4 Q. Now, there was a gap for about a year</p> <p>5 and a half between the time you left New York</p> <p>6 and you got hired at Medical Imaging. What was</p> <p>7 the reason for that gap?</p> <p>8 A. Because I had a baby and stayed home</p> <p>9 with her for a year.</p> <p>10 Q. So are you still employed by Medical</p> <p>11 Imaging of the Lehigh Valley?</p> <p>12 A. Yes.</p> <p>13 Q. And you've been so since roughly March</p> <p>14 of 2012 to the present, correct?</p> <p>15 A. Correct.</p> <p>16 Q. Without interruption?</p> <p>17 A. Correct.</p> <p>18 Q. Is Medical Imaging of the Lehigh Valley</p> <p>19 your actual employer?</p> <p>20 A. Correct.</p> <p>21 Q. Are you a W-2 employee or a 1099</p> <p>22 employee?</p> <p>23 A. I don't know the answer to that.</p> <p>24 Q. You get a paycheck on a regular basis?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 25</p> <p>1 Crest Boulevard?</p> <p>2 A. Yes. The 1230 building on the campus</p> <p>3 of Lehigh Valley Hospital.</p> <p>4 Q. So how many offices does Medical</p> <p>5 Imaging of Lehigh Valley have, to your</p> <p>6 knowledge?</p> <p>7 A. The Medical Imaging has one office.</p> <p>8 There's one office.</p> <p>9 Q. Okay. But there's also a business</p> <p>10 office?</p> <p>11 A. I don't work out of the Medical Imaging</p> <p>12 office. The interventional radiologists and</p> <p>13 nurse practitioners see outpatients in that</p> <p>14 office. I don't see patients there. I don't go</p> <p>15 there. I couldn't tell you the suite number of</p> <p>16 that office. And the business office is located</p> <p>17 in that same building, but I also don't work out</p> <p>18 of there or report there. The other site --</p> <p>19 okay.</p> <p>20 Q. I'm sorry. Go ahead.</p> <p>21 A. The other site I mentioned at the 1230</p> <p>22 building on Lehigh Valley Hospital's campus, we</p> <p>23 call that the -- that's -- we call it the LVI,</p> <p>24 the Lehigh Valley Imaging office. That's where</p> <p>25 outpatient ultrasounds and x-rays are performed,</p>

<p style="text-align: right;">Page 26</p> <p>1 and we perform arthrograms in that office.</p> <p>2 Q. So when you say you report, where do</p> <p>3 you report to work? At the hospital?</p> <p>4 A. The physician assistants have an office</p> <p>5 at the hospital, yes.</p> <p>6 Q. Who owns Medical Imaging of the Lehigh</p> <p>7 Valley?</p> <p>8 A. I don't know the answer to that.</p> <p>9 Q. Who is the CEO of Medical Imaging of</p> <p>10 the Lehigh Valley?</p> <p>11 A. I don't know if that's Greg -- I'm not</p> <p>12 sure of everyone's title, honestly. I don't</p> <p>13 want to answer incorrectly. I'm not sure.</p> <p>14 Q. Okay. That's fine.</p> <p>15 Do you have any ownership in Medical</p> <p>16 Imaging of the Lehigh Valley?</p> <p>17 A. No.</p> <p>18 Q. So you're having a little bit of</p> <p>19 difficulty trying to explain to me exactly where</p> <p>20 Medical Imaging of the Lehigh Valley is located,</p> <p>21 and I'm having a little difficulty understanding</p> <p>22 you. Okay? And it's not a criticism of you. I</p> <p>23 guess that's the way it's set up.</p> <p>24 But if I were to say I wanted to go to</p> <p>25 Medical Imaging of the Lehigh Valley on Cedar</p>	<p style="text-align: right;">Page 28</p> <p>1 campus of the hospital that we perform</p> <p>2 procedures.</p> <p>3 BY MR. WILHELM:</p> <p>4 Q. Okay. So if I came to Cedar Crest</p> <p>5 Boulevard and I-78 and I was looking for Medical</p> <p>6 Imaging, are there signs there that would tell</p> <p>7 me -- that say Medical Imaging of the Lehigh</p> <p>8 Valley?</p> <p>9 A. I don't believe there's a sign.</p> <p>10 Q. How would I --</p> <p>11 A. I don't recall the building number. I</p> <p>12 could walk you there, but I don't recall the</p> <p>13 building number.</p> <p>14 Q. That's fair.</p> <p>15 So how would I as a member of the</p> <p>16 public distinguish between Medical Imaging of</p> <p>17 the Lehigh Valley and Lehigh Valley Health</p> <p>18 Network if they're located at the same place?</p> <p>19 MS. WEED: Object to the form.</p> <p>20 MS. SHANNON: Objection to the form. I</p> <p>21 think -- well, objection to the form.</p> <p>22 BY MR. WILHELM:</p> <p>23 Q. Go ahead. Answer the question.</p> <p>24 MS. SHANNON: If you can understand,</p> <p>25 you can answer.</p>
<p style="text-align: right;">Page 27</p> <p>1 Crest Boulevard, where might I go?</p> <p>2 A. If you wanted to go to Medical Imaging</p> <p>3 offices, I don't remember the building number.</p> <p>4 MS. SHANNON: I can't. I can't tell</p> <p>5 you what it is.</p> <p>6 BY MR. WILHELM:</p> <p>7 Q. Yeah, she can't answer questions for</p> <p>8 you. If you don't know --</p> <p>9 MS. SHANNON: I would love to because</p> <p>10 we could get through this part, but I can't.</p> <p>11 THE WITNESS: I was just there the</p> <p>12 first time the other day. I don't -- I don't</p> <p>13 know the building number. It's located</p> <p>14 across -- it's across from the hospital. It's a</p> <p>15 suite in the building.</p> <p>16 Again, the outpatient Medical Imaging</p> <p>17 of the Lehigh Valley office where interventional</p> <p>18 radiology patients are seen by the</p> <p>19 interventional radiologists, and nurse</p> <p>20 practitioners see patients out of that office.</p> <p>21 And then adjacent to that is the administrative</p> <p>22 offices for Medical Imaging of the Lehigh</p> <p>23 Valley.</p> <p>24 The other office I mentioned is just an</p> <p>25 outpatient imaging office where we -- on the</p>	<p style="text-align: right;">Page 29</p> <p>1 THE WITNESS: Can you repeat the</p> <p>2 question?</p> <p>3 MS. WEED: I objected to the form. I'm</p> <p>4 sorry. I don't know if you could hear me with</p> <p>5 the muting.</p> <p>6 BY MR. WILHELM:</p> <p>7 Q. So how is somebody like myself if they</p> <p>8 came to Cedar Crest and I-78 and were looking</p> <p>9 for Medical Imaging of the Lehigh Valley, how</p> <p>10 are they going to find that office?</p> <p>11 A. Because they would have a building and</p> <p>12 suite number to go to. Again, the Medical</p> <p>13 Imaging of the Lehigh Valley, which implies the</p> <p>14 interventional radiology office, is located in</p> <p>15 the corporate center across the street from the</p> <p>16 hospital on Cedar Crest Boulevard.</p> <p>17 Q. All right. But you are acknowledging</p> <p>18 that Medical Imaging does work at Lehigh Valley</p> <p>19 Hospital?</p> <p>20 MS. WEED: Object to the form.</p> <p>21 MS. SHANNON: Objection to the form.</p> <p>22 MS. WEED: Join.</p> <p>23 BY MR. WILHELM:</p> <p>24 Q. Right? You said you're an employee of</p> <p>25 Medical Imaging of the Lehigh Valley, correct?</p>

<p style="text-align: right;">Page 30</p> <p>1 A. Correct.</p> <p>2 Q. You do procedures at Lehigh Valley</p> <p>3 Hospital, correct?</p> <p>4 A. Correct.</p> <p>5 Q. Do you have any knowledge as to how the</p> <p>6 business relationship between Medical Imaging of</p> <p>7 the Lehigh Valley and Lehigh Valley Health</p> <p>8 Network is arranged?</p> <p>9 A. I have no knowledge of that.</p> <p>10 Q. What is Cal Imaging, C-A-L, Cal Imaging</p> <p>11 of the Lehigh Valley?</p> <p>12 A. I've never heard of that.</p> <p>13 Q. Did you work at Cal Imaging of the</p> <p>14 Lehigh Valley between May of 2018 and February</p> <p>15 of 2019?</p> <p>16 MS. SHANNON: Are you saying Cal, C as</p> <p>17 in cat?</p> <p>18 MR. WILHELM: C-A-L.</p> <p>19 THE WITNESS: No.</p> <p>20 BY MR. WILHELM:</p> <p>21 Q. Okay. You have individual -- you have</p> <p>22 individual professional liability insurance,</p> <p>23 correct?</p> <p>24 A. I have malpractice insurance, if that's</p> <p>25 what you mean.</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. The radiology department of the</p> <p>2 hospital?</p> <p>3 A. Yes.</p> <p>4 Q. So tell me what kind of procedures you</p> <p>5 perform.</p> <p>6 A. Again, there's a list of procedures,</p> <p>7 but the most common procedures I perform are</p> <p>8 ultrasound-guided thyroid and lymph node biopsy,</p> <p>9 ultrasound-guided paracentesis and</p> <p>10 thoracentesis, fluoroscopically guided joint</p> <p>11 injection and aspiration, fluoroscopically</p> <p>12 guided lumbar punctures, myelograms. Those are</p> <p>13 the most common procedures.</p> <p>14 Q. Okay. How frequently do you work? Do</p> <p>15 you have a set schedule, for instance?</p> <p>16 A. I work two -- generally two days a</p> <p>17 week.</p> <p>18 Q. Full days?</p> <p>19 A. Yes.</p> <p>20 Q. 10 hours, 8 hours?</p> <p>21 A. Approximately 8 hours.</p> <p>22 Q. And how long have you been working two</p> <p>23 days a week?</p> <p>24 A. Since I started work at Medical</p> <p>25 Imaging.</p>
<p style="text-align: right;">Page 31</p> <p>1 Q. Sure. Let me ask that better. I'm</p> <p>2 sorry.</p> <p>3 Do you have your own individual</p> <p>4 professional policy that you obtained that you</p> <p>5 pay for?</p> <p>6 A. No, I do not.</p> <p>7 Q. You have coverage through Medical</p> <p>8 Imaging of the Lehigh Valley?</p> <p>9 A. Correct.</p> <p>10 Q. Do you have any insurance coverage from</p> <p>11 anywhere else other than Medical Imaging of the</p> <p>12 Lehigh Valley, to your knowledge?</p> <p>13 MS. SHANNON: For professional</p> <p>14 liability?</p> <p>15 MR. WILHELM: Yes.</p> <p>16 THE WITNESS: No, I do not.</p> <p>17 BY MR. WILHELM:</p> <p>18 Q. Okay. So what is your job title at</p> <p>19 Medical Imaging?</p> <p>20 A. Physician assistant.</p> <p>21 Q. All right. And tell me what your job</p> <p>22 duties are.</p> <p>23 A. We have many duties, but our main</p> <p>24 responsibility is performing procedures in the</p> <p>25 radiology department.</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. According to your CV, you are a</p> <p>2 radiology physician assistant. Have you ever</p> <p>3 had any other job titles at Medical Imaging?</p> <p>4 A. No.</p> <p>5 Q. Do you have a direct supervisor at</p> <p>6 Medical Imaging?</p> <p>7 A. What do you mean by direct supervisor?</p> <p>8 Q. Someone that you would report to.</p> <p>9 You're employed by Medical Imaging. Is there</p> <p>10 somebody at Medical Imaging that you have to</p> <p>11 report to?</p> <p>12 MS. SHANNON: Object to the form.</p> <p>13 THE WITNESS: I still have to answer?</p> <p>14 MS. SHANNON: You can answer. I think</p> <p>15 the disconnect is the difference between</p> <p>16 clinically -- does she report to someone</p> <p>17 clinically versus does she report to someone in</p> <p>18 an HR sense. I think that's the --</p> <p>19 MR. WILHELM: Understood.</p> <p>20 BY MR. WILHELM:</p> <p>21 Q. For instance, there's paralegals that</p> <p>22 work with me that would work under me, report to</p> <p>23 me. Is there somebody that you have to report</p> <p>24 to aside from a doctor you might be working with</p> <p>25 on a particular patient?</p>

<p style="text-align: right;">Page 34</p> <p>1 A. I'm sorry. You broke up there. Could</p> <p>2 you repeat that question?</p> <p>3 Q. Sure. Do you have a supervisor that</p> <p>4 you report to on any type of regular basis aside</p> <p>5 from the doctor you're working with on a</p> <p>6 particular patient?</p> <p>7 A. No, I do not.</p> <p>8 Q. Okay. So in other words, I asked you</p> <p>9 earlier who the CEO of Medical Imaging is, and</p> <p>10 you said you weren't sure, right?</p> <p>11 Are there managers of Medical Imaging</p> <p>12 or is it just doctors?</p> <p>13 A. The leadership that I'm aware of, Greg</p> <p>14 Palmieri and Jim Foley, are, you know, involved</p> <p>15 in the administration of Medical Imaging. I do</p> <p>16 not have to directly report to them for any</p> <p>17 reason.</p> <p>18 Q. Are they physicians?</p> <p>19 A. No.</p> <p>20 Q. So do you -- when you're working with a</p> <p>21 particular patient, do you report to a physician</p> <p>22 at Medical Imaging?</p> <p>23 A. I report to my supervising physician,</p> <p>24 if necessary.</p> <p>25 Q. Do you have any patients that would</p>	<p style="text-align: right;">Page 36</p> <p>1 How do you get involved in that particular</p> <p>2 patient's care?</p> <p>3 In other words, are they coming to see</p> <p>4 you or are they coming to see a doctor and then</p> <p>5 a doctor assigns you a task, that type of thing?</p> <p>6 A. And again, I'm sorry if I caused</p> <p>7 confusion about Medical Imaging and the</p> <p>8 hospital. I don't see patients at all at the</p> <p>9 Medical Imaging of the Lehigh Valley office.</p> <p>10 Those patients are interventional radiology</p> <p>11 outpatients, and those are only seen by the</p> <p>12 interventional radiologists and the nurse</p> <p>13 practitioners.</p> <p>14 Patients that I am seeing are</p> <p>15 physically at the hospital or at the 1230</p> <p>16 building office of the -- the outpatient</p> <p>17 diagnostic office.</p> <p>18 Q. Okay. So again -- and I'm sorry. I</p> <p>19 apologize if I'm not being clear. How is it</p> <p>20 that you end up seeing patient A?</p> <p>21 A. So there's a team of physician</p> <p>22 assistants, and our lead PA will make</p> <p>23 assignments on what area of radiology -- of what</p> <p>24 radiology area we're assigned to that day. And</p> <p>25 we have a list of outpatients on the schedule,</p>
<p style="text-align: right;">Page 35</p> <p>1 just be yours where there is no physician</p> <p>2 involved?</p> <p>3 MS. SHANNON: Object to the form, but</p> <p>4 you can answer.</p> <p>5 THE WITNESS: A physician assistant</p> <p>6 functions under the direct supervision of a</p> <p>7 physician.</p> <p>8 BY MR. WILHELM:</p> <p>9 Q. For all your patients?</p> <p>10 A. Yes.</p> <p>11 Q. At Medical Imaging are there also</p> <p>12 nurses employed?</p> <p>13 A. No.</p> <p>14 Q. To your knowledge, is it just</p> <p>15 physicians and physician's assistants?</p> <p>16 A. And nurse practitioners.</p> <p>17 Q. And nurse practitioners. Okay. Do you</p> <p>18 have any supervisory role over anybody at</p> <p>19 Medical Imaging on a regular basis?</p> <p>20 A. No.</p> <p>21 Q. So how is it through Medical Imaging</p> <p>22 that you typically are assigned a task?</p> <p>23 A. What do you mean by task?</p> <p>24 Q. A job. A patient comes in -- a patient</p> <p>25 goes to Medical Imaging for whatever reason.</p>	<p style="text-align: right;">Page 37</p> <p>1 and then we will get inpatient add-ons</p> <p>2 throughout the day, and we help each other to</p> <p>3 cover those procedures.</p> <p>4 And I forgot to mention, I also perform</p> <p>5 procedures at Lehigh Valley Hospital-Muhlenberg.</p> <p>6 We work at both sites. Both have -- in the</p> <p>7 radiology department.</p> <p>8 Q. Okay. Thank you.</p> <p>9 Okay. So there's a lead physician</p> <p>10 assistant, you just said, who's going to</p> <p>11 basically assign tasks?</p> <p>12 A. He'll assign a physician assistant to</p> <p>13 fluoro-guided procedures, assign someone to</p> <p>14 ultrasound-guided, but, you know, we work as a</p> <p>15 team to help each other, you know, take care of</p> <p>16 the patients.</p> <p>17 Q. Right. Okay. So it would be accurate</p> <p>18 to say you work with numerous -- more than one</p> <p>19 patient at a time? In other words, if you come</p> <p>20 in on a Monday to work, there's -- you're likely</p> <p>21 to work -- be dealing with more than one</p> <p>22 patient, is that correct?</p> <p>23 A. You said at a time. Do you mean in a</p> <p>24 given day?</p> <p>25 Q. Yes, in a given day.</p>

<p style="text-align: right;">Page 46</p> <p>1 Q. Like an x-ray, for instance?</p> <p>2 A. Yes.</p> <p>3 Q. Do those orders have to be under the</p> <p>4 name of a -- for instance, if you're going to</p> <p>5 order a chest x-ray, does it have to be under</p> <p>6 the name of a doctor?</p> <p>7 A. The order is under my name. Currently</p> <p>8 we operate under -- Epic is the electronic</p> <p>9 medical record. When I'm ordering medications</p> <p>10 or if I ordered an imaging study within the</p> <p>11 electronic medical record, any physician</p> <p>12 assistant entering an order in there would have</p> <p>13 to assign a cosigner to the order which would be</p> <p>14 my -- one of my supervising physicians.</p> <p>15 Q. The Epic system, E-P-I-C?</p> <p>16 A. E-P-I-C is the name of the hospital --</p> <p>17 the hospital network's electronic medical</p> <p>18 record.</p> <p>19 Q. So what you just described is the way</p> <p>20 you do it under the Epic system?</p> <p>21 A. Correct. Could I finish -- could I</p> <p>22 further --</p> <p>23 Q. Yes.</p> <p>24 A. If I was writing an order on a</p> <p>25 prescription pad or writing a prescription for a</p>	<p style="text-align: right;">Page 48</p> <p>1 that's not a good word. Do you put all of your</p> <p>2 orders and your notes -- in the system, do you</p> <p>3 type them in or do you write them out on a piece</p> <p>4 of paper?</p> <p>5 A. They're typed.</p> <p>6 Q. Do you personally do it?</p> <p>7 A. Usually I do. There are occasions when</p> <p>8 a verbal order is given to a nurse, and she'll</p> <p>9 enter the order under -- under me then to be</p> <p>10 cosigned by the supervising physician.</p> <p>11 Q. Okay. But no paper -- no paper notes?</p> <p>12 MS. SHANNON: Object to the form. Hold</p> <p>13 on. Object to the form.</p> <p>14 BY MR. WILHELM:</p> <p>15 Q. I don't mean notes. I mean paper</p> <p>16 records.</p> <p>17 MS. SHANNON: Pertaining to her</p> <p>18 procedures?</p> <p>19 MR. WILHELM: Yes.</p> <p>20 MS. SHANNON: Okay.</p> <p>21 THE WITNESS: Not since Epic.</p> <p>22 BY MR. WILHELM:</p> <p>23 Q. Okay. That's fine.</p> <p>24 A. Except for --</p> <p>25 Q. Go ahead.</p>
<p style="text-align: right;">Page 47</p> <p>1 patient on a prescription pad, which rarely</p> <p>2 occurs because of the adoption of the electronic</p> <p>3 medical record, I do not need that cosigned by a</p> <p>4 physician.</p> <p>5 Q. Okay. Thank you.</p> <p>6 But I'm a patient of yours, and you</p> <p>7 decide I need a chest x-ray. You put it in the</p> <p>8 Epic system. You're saying there would be a</p> <p>9 doctor who would have to cosign that?</p> <p>10 A. Yes.</p> <p>11 Q. So briefly tell me about the Epic</p> <p>12 system. Is that just a Lehigh Valley Network</p> <p>13 system or is that a nationwide system? What do</p> <p>14 you know about it?</p> <p>15 MS. SHANNON: Object to the form. You</p> <p>16 can answer.</p> <p>17 THE WITNESS: I could just tell you</p> <p>18 that Lehigh Valley Hospital Network has</p> <p>19 adopted -- several years ago adopted Epic, but</p> <p>20 there's other networks that also operate under</p> <p>21 Epic. I know St. Luke's does as well, and there</p> <p>22 can be communication between different networks</p> <p>23 through Epic.</p> <p>24 BY MR. WILHELM:</p> <p>25 Q. Okay. So on charting -- or maybe</p>	<p style="text-align: right;">Page 49</p> <p>1 A. Okay. You asked about notes. No, no</p> <p>2 notes.</p> <p>3 Q. Is there an exception?</p> <p>4 A. No. I was going to say that if a</p> <p>5 patient brings -- if an outpatient would bring</p> <p>6 some type of outside document, there are --</p> <p>7 forms can be scanned into Epic, but when it's</p> <p>8 relating to me and my documentation, that is</p> <p>9 only in Epic. I just wanted to clarify that.</p> <p>10 Q. Thank you.</p> <p>11 So tell me now, let's just say in the</p> <p>12 last few years, what kind of procedures you have</p> <p>13 experience in. You know, for instance -- just</p> <p>14 for instance, you use the words fluoroscopy and</p> <p>15 thoracentesis and paracentesis, whatever.</p> <p>16 Just, say, in the last three or four</p> <p>17 years, tell me generally what your experience is</p> <p>18 procedure-wise.</p> <p>19 A. The same procedures that I listed</p> <p>20 before, the same list. Do you need me to repeat</p> <p>21 the list?</p> <p>22 Q. There were about nine of them. Yes,</p> <p>23 please repeat the list.</p> <p>24 A. You want me to repeat my list?</p> <p>25 Q. Please.</p>

<p style="text-align: right;">Page 54</p> <p>1 (Discussion held off the record.)</p> <p>2 THE WITNESS: I just said it's very</p> <p>3 difficult to answer that given that the</p> <p>4 department is structured slightly differently at</p> <p>5 Muhlenberg, you know, versus at Cedar Crest.</p> <p>6 But in general, you know, I'm focused</p> <p>7 to review the pertinent aspects of the patient's</p> <p>8 chart, specifically, again, imaging, if they're</p> <p>9 on anticoagulation and their pertinent blood</p> <p>10 work, and that may be all that's necessary to</p> <p>11 review before the procedure.</p> <p>12 BY MR. WILHELM:</p> <p>13 Q. And you make the decision on what</p> <p>14 you're going to review yourself?</p> <p>15 A. Yes. Yes, in conjunction with the</p> <p>16 nurse. If the nurse would alert me to -- you</p> <p>17 know, to some concern or if the triage nurse</p> <p>18 would speak to the patient's nurse and any</p> <p>19 concern would be raised -- any concern would be</p> <p>20 brought up there, you know, I might investigate</p> <p>21 further.</p> <p>22 Q. Okay.</p> <p>23 A. But that's a very general answer, and</p> <p>24 that very much so depends. My scope of practice</p> <p>25 is to perform a procedure within our guidelines</p>	<p style="text-align: right;">Page 56</p> <p>1 they would arrive in the department for consent.</p> <p>2 Q. Okay. Other than consent, is there</p> <p>3 anything else you speak with the patient about?</p> <p>4 In other words, do you explain the</p> <p>5 procedure to them or are you relying on somebody</p> <p>6 else having explained the procedure, that type</p> <p>7 of thing?</p> <p>8 MS. SHANNON: Objection to the form.</p> <p>9 If you don't understand, you can ask him to</p> <p>10 clarify.</p> <p>11 THE WITNESS: Could you clarify that?</p> <p>12 Ask that again.</p> <p>13 BY MR. WILHELM:</p> <p>14 Q. Sure. Do you speak with the patient, I</p> <p>15 asked you, and you said yes, to get consent,</p> <p>16 correct?</p> <p>17 A. Yes.</p> <p>18 Q. Do you speak with the patient about</p> <p>19 anything else other than consent for the</p> <p>20 procedure?</p> <p>21 A. I answer their questions, I explain the</p> <p>22 procedure, and I make sure, you know, to answer</p> <p>23 any -- you know, any questions the patient has,</p> <p>24 I do my best to answer --</p> <p>25 Q. Okay.</p>
<p style="text-align: right;">Page 55</p> <p>1 as long as there's no contraindication to the</p> <p>2 procedure.</p> <p>3 Q. Okay. Do you have the ability to look</p> <p>4 at the patient's chart if you -- entire medical</p> <p>5 chart if you wanted to?</p> <p>6 MS. SHANNON: Objection to the form.</p> <p>7 THE WITNESS: That depends -- where is</p> <p>8 the patient coming -- it depends where the</p> <p>9 patient is from.</p> <p>10 BY MR. WILHELM:</p> <p>11 Q. Well, if they're at -- if they're in</p> <p>12 the Epic system, you would have access to that</p> <p>13 chart, correct?</p> <p>14 A. If the patient was an inpatient at</p> <p>15 Lehigh Valley Health Network, then their recent</p> <p>16 documentation would be in the Epic record. If a</p> <p>17 patient was coming from -- an outpatient coming</p> <p>18 from an outside facility, I wouldn't necessarily</p> <p>19 have, you know, access to any of their records.</p> <p>20 Q. How about interviewing a patient before</p> <p>21 a procedure, do you do that or are you going on</p> <p>22 the triage that the nurse did?</p> <p>23 A. What do you mean by interview?</p> <p>24 Q. Well, speak with the patient.</p> <p>25 A. Well, I would speak to the patient when</p>	<p style="text-align: right;">Page 57</p> <p>1 A. -- you know, before the procedure.</p> <p>2 Q. Okay. So after you performed, let's</p> <p>3 say, a thoracentesis again and the procedure is</p> <p>4 completed, what do you do from the time the</p> <p>5 procedure is completed in terms of documenting</p> <p>6 what you've done?</p> <p>7 A. So the question is, what do I document</p> <p>8 after the thoracentesis?</p> <p>9 Q. After the procedure is over, what do</p> <p>10 you do? You just got done actually performing</p> <p>11 the procedure. You're taking off your gloves,</p> <p>12 whatever, you know, and you're leaving, what do</p> <p>13 you do?</p> <p>14 MS. SHANNON: Objection to the form.</p> <p>15 You can answer.</p> <p>16 THE WITNESS: So I would make sure my</p> <p>17 patient was feeling okay; I would leave and</p> <p>18 document my procedure note; I would order their</p> <p>19 postprocedure chest x-ray; and that would be it.</p> <p>20 They'd be returned to the floor, you know,</p> <p>21 returned back to their room if you're talking</p> <p>22 about an inpatient.</p> <p>23 BY MR. WILHELM:</p> <p>24 Q. Okay.</p> <p>25 A. If it was an outpatient, same thing.</p>

<p style="text-align: right;">Page 98</p> <p>1 and how you're assigned a procedure.</p> <p>2 I guess what I'm asking is: Have you</p> <p>3 done procedures where Dr. Hoffman is the</p> <p>4 attending physician who ordered a procedure?</p> <p>5 A. No. Dr. Hoffman wouldn't order -- we</p> <p>6 don't order the procedures within our</p> <p>7 department. I'm not understanding your -- your</p> <p>8 question or what you're trying to ask me.</p> <p>9 Q. Okay. That's fine.</p> <p>10 Dr. Hoffman's an interventional</p> <p>11 radiologist, correct?</p> <p>12 A. Uh-huh.</p> <p>13 Q. Yes?</p> <p>14 A. Yes. Sorry.</p> <p>15 Q. Who's ordering the procedures that</p> <p>16 you're doing? You just said Dr. Hoffman</p> <p>17 wouldn't order a procedure. Who's ordering the</p> <p>18 procedure that you're doing?</p> <p>19 A. A member of the care team of the</p> <p>20 patient.</p> <p>21 Q. Is Dr. Hoffman a member of the care</p> <p>22 team of patients that you've worked on?</p> <p>23 A. Not these patients, no.</p> <p>24 Q. I guess I'm -- forgive me. I'm just</p> <p>25 not understanding.</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. Would this be accurate: If you got</p> <p>2 assigned to do a thoracentesis on Jane Doe one</p> <p>3 day, like, tomorrow and then you did your note,</p> <p>4 you wouldn't -- you wouldn't know necessarily</p> <p>5 who the radiologist is that's cosigning?</p> <p>6 A. No. I assign my cosigner.</p> <p>7 Q. How do you assign your cosigner?</p> <p>8 A. Through Epic, when I place my progress</p> <p>9 or procedure note or, as I mentioned earlier, an</p> <p>10 order, I assign a cosigner.</p> <p>11 Q. Explain that to me. How do you get to</p> <p>12 assign a cosigner? Do you just get to pick?</p> <p>13 A. I pick the physician who's, you know,</p> <p>14 in direct supervision of me for performing that</p> <p>15 procedure. So if Dr. Hoffman is the</p> <p>16 interventional radiologist present and assigned</p> <p>17 that we're working with at Lehigh</p> <p>18 Valley-Muhlenberg, let's say for example, then</p> <p>19 any procedures myself or another physician</p> <p>20 assistant working in the department that day, he</p> <p>21 is the supervising physician for the procedure.</p> <p>22 Q. That's my bad. I guess I didn't</p> <p>23 understand that.</p> <p>24 A. Okay.</p> <p>25 Q. So if you go in to work tomorrow,</p>
<p style="text-align: right;">Page 99</p> <p>1 If you both work for Medical Imaging</p> <p>2 and he's a radiologist there and you're</p> <p>3 a PA there and based -- for instance, in</p> <p>4 Mrs. Raymond's case, Dr. Hoffman was involved in</p> <p>5 her care, and he cosigned the thoracentesis</p> <p>6 report?</p> <p>7 A. Uh-huh.</p> <p>8 Q. So --</p> <p>9 A. Yes.</p> <p>10 Q. -- have you had experience with -- so</p> <p>11 that's a patient, Diane Raymond, that you did a</p> <p>12 procedure on that Dr. Hoffman then cosigned,</p> <p>13 okay, the procedure.</p> <p>14 Can you give me an idea of how many</p> <p>15 other patients you did a procedure on -- a</p> <p>16 thoracentesis on where Dr. Hoffman was a</p> <p>17 cosigner? Maybe that's a better question.</p> <p>18 A. Oh, okay. I couldn't give a number. I</p> <p>19 don't know the answer to that. There's multiple</p> <p>20 interventional radiologists that we work with</p> <p>21 that I would assign -- that would be a cosigner</p> <p>22 to my procedures or supervising me.</p> <p>23 Q. Okay.</p> <p>24 A. I don't know how many Dr. Hoffman has</p> <p>25 been involved with or cosigned for me.</p>	<p style="text-align: right;">Page 101</p> <p>1 there's going to be an interventional</p> <p>2 radiologist physician working?</p> <p>3 A. Present in the department, yes.</p> <p>4 Q. And that's who you would assign your</p> <p>5 procedure that you do tomorrow to?</p> <p>6 A. Correct.</p> <p>7 Q. Okay. Thank you.</p> <p>8 MR. WILHELM: This would probably be a</p> <p>9 good point for 5 or 10 minutes. I'm going to</p> <p>10 get into Mrs. Raymond specifically.</p> <p>11 (Short recess was taken.)</p> <p>12 BY MR. WILHELM:</p> <p>13 Q. Mrs. Lieberman, do you know who Diane</p> <p>14 Raymond is?</p> <p>15 A. Yes.</p> <p>16 Q. How?</p> <p>17 A. She was a patient I performed a</p> <p>18 thoracentesis on.</p> <p>19 Q. When did you perform that thoracentesis</p> <p>20 on her?</p> <p>21 A. March 8th, 2018.</p> <p>22 Q. Do you know who Jack Raymond is?</p> <p>23 A. I now know that's the name of her</p> <p>24 husband.</p> <p>25 Q. To your recollection, have you ever met</p>

<p style="text-align: right;">Page 102</p> <p>1 Mr. Raymond?</p> <p>2 A. No, I have not.</p> <p>3 Q. Do you know if you provided any care</p> <p>4 to -- or treatment or procedure to Mrs. Raymond</p> <p>5 prior to March 8 of 2018?</p> <p>6 A. I did not.</p> <p>7 Q. Can you explain to me how it came about</p> <p>8 that you were to perform -- oh, strike that.</p> <p>9 Did you do anything with Mrs. Raymond</p> <p>10 other than a thoracentesis?</p> <p>11 A. No, I did not.</p> <p>12 Q. Can you explain to me how that was</p> <p>13 assigned to you that day?</p> <p>14 A. To the best of my recollection,</p> <p>15 Mrs. Raymond was a patient of the Good Shepherd</p> <p>16 Specialty Hospital, and an order was placed for</p> <p>17 her to undergo a right-sided therapeutic</p> <p>18 thoracentesis.</p> <p>19 And consent was obtained for that</p> <p>20 procedure by my co-worker. Carin Minchew is</p> <p>21 another physician assistant in our department.</p> <p>22 She obtained witnessed phone consent from the</p> <p>23 patient's husband.</p> <p>24 And when the patient became available</p> <p>25 to come down to the interventional radiology</p>	<p style="text-align: right;">Page 104</p> <p>1 at the present time.</p> <p>2 A. Oh. I don't -- I don't recall the</p> <p>3 exact -- I think it was just a few days before.</p> <p>4 Q. Before you went in to do the procedure,</p> <p>5 you described right-sided therapeutic pleural</p> <p>6 effusion. Did you have any details about why</p> <p>7 you were going to be doing this?</p> <p>8 A. At the time, I was aware that the</p> <p>9 patient had a history of ventilator-dependent</p> <p>10 respiratory failure, and the therapeutic</p> <p>11 thoracentesis was being ordered in hopes of</p> <p>12 improving her breathing and oxygenation and</p> <p>13 hopeful weaning of her from the ventilator.</p> <p>14 Q. That information you obtained from</p> <p>15 looking at her chart or speaking with people?</p> <p>16 A. No. I don't have access to the Good</p> <p>17 Shepherd Specialty Hospital charting.</p> <p>18 Q. Okay.</p> <p>19 A. That information would have been</p> <p>20 obtained when the triage nurse, the nurse I</p> <p>21 would be working with in the holding area in</p> <p>22 interventional radiology, would have spoken on</p> <p>23 the phone with the patient's nurse to confirm</p> <p>24 the patient was stable for the -- stable for the</p> <p>25 procedure; if the patient was consentable; if</p>
<p style="text-align: right;">Page 103</p> <p>1 department at Muhlenberg for the procedure,</p> <p>2 Carin was unavailable to perform the procedure,</p> <p>3 so I was asked to perform her thoracentesis.</p> <p>4 Q. Do you recall who asked you to perform</p> <p>5 because Carin was not available?</p> <p>6 A. I don't -- I don't recall specifically.</p> <p>7 It would have been one of the nurses or</p> <p>8 interventional radiology technicians asking if I</p> <p>9 was available.</p> <p>10 Q. Prior to that, being asked to perform</p> <p>11 or directed, however you want to say it, the</p> <p>12 procedure, did you know anything at all about</p> <p>13 Mrs. Raymond?</p> <p>14 A. No.</p> <p>15 Q. So when you were assigned a task, you</p> <p>16 knew you were going to do the task, can you tell</p> <p>17 me what you did before you actually performed</p> <p>18 the thoracentesis?</p> <p>19 A. I reviewed -- excuse me. I reviewed</p> <p>20 her chest imaging, her recent chest imaging.</p> <p>21 Q. Do you know when that chest imaging was</p> <p>22 from in relation to March 8th, 2018?</p> <p>23 A. I'd have to look at the document to</p> <p>24 confirm the date. Should I do that?</p> <p>25 Q. No. I'm just asking you if you recall</p>	<p style="text-align: right;">Page 105</p> <p>1 not, who we'd obtain consent from.</p> <p>2 The only way we would obtain any</p> <p>3 clinical history on a patient from Good Shepherd</p> <p>4 would be if the patient's nurse related to</p> <p>5 either me directly or the triage nurse I was</p> <p>6 working with that day.</p> <p>7 Q. Okay. So I'm going to ask you for a</p> <p>8 moment to accept my representation that I</p> <p>9 believe this procedure started around 9:30 a.m.</p> <p>10 So do you have any independent recollection of</p> <p>11 that?</p> <p>12 A. An independent recollection of the</p> <p>13 exact time, no.</p> <p>14 Q. So please accept my representation for</p> <p>15 purposes of this question. Do you know what</p> <p>16 time you started work that day?</p> <p>17 A. Approximately 8:00.</p> <p>18 Q. And do you know if you did any</p> <p>19 procedures before Mrs. Raymond's which, again,</p> <p>20 started around 9:30?</p> <p>21 A. I don't specifically remember, but it's</p> <p>22 likely that I did.</p> <p>23 Q. Okay. And if you had, you would have</p> <p>24 put -- that would be documented somewhere in the</p> <p>25 Epic system you believe?</p>

EXHIBIT "B"

<p style="text-align: right;">Page 14</p> <p>1 type of periodic basis?</p> <p>2 A. Every two years.</p> <p>3 Q. And generally, what do you need to do to</p> <p>4 renew that?</p> <p>5 A. Comply with the continuing education</p> <p>6 requirements, pay the necessary fees and the mandated</p> <p>7 training that we have to do, child abuse, opioid.</p> <p>8 Q. So basically there's three components,</p> <p>9 pay the fee, get your CMEs and do whatever mandatory</p> <p>10 training the Commonwealth requires?</p> <p>11 A. Yes.</p> <p>12 Q. Is that a fair summary?</p> <p>13 A. Yeah.</p> <p>14 Q. I don't want to put words in your mouth,</p> <p>15 if not you tell me?</p> <p>16 A. Yeah, I mean, they give us the list. I</p> <p>17 do what the list says. I'm pretty sure those are the</p> <p>18 main components.</p> <p>19 Q. And on those two-year renewals, again,</p> <p>20 you have done everything you needed to do to</p> <p>21 continually have that license, correct?</p> <p>22 A. Yes.</p> <p>23 Q. Every once in a while, we are not just</p> <p>24 hearing you.</p> <p>25 Are you a member of any</p>	<p style="text-align: right;">Page 16</p> <p>1 BLS is basic life support. That is</p> <p>2 maintained and you have to retake every two years.</p> <p>3 ACLS is advanced cardiac life</p> <p>4 support, which is also maintained and recertified</p> <p>5 every two years.</p> <p>6 ATLS is advanced trauma life</p> <p>7 support.</p> <p>8 And FCCS is a fellow of critical</p> <p>9 care -- I'm not sure what the S is, to be honest. It</p> <p>10 is a critical care course that you have to take.</p> <p>11 Q. The ATLS, is that required to be renewed</p> <p>12 or is that as part of your license?</p> <p>13 A. It's not required for my license, no.</p> <p>14 That was a certification that I obtained from my</p> <p>15 previous employment, which is not required to be --</p> <p>16 maintained through this current employment, so I</p> <p>17 haven't taken the class recently again.</p> <p>18 Q. Okay. So who is your employer right now?</p> <p>19 A. MILV.</p> <p>20 Q. So according to your CV you -- can you</p> <p>21 tell me where you -- you have two experiences written</p> <p>22 here, physician assistant interventional radiology,</p> <p>23 physician assistant trauma and general surgery.</p> <p>24 Do you see that?</p> <p>25 A. Um-hum.</p>
<p style="text-align: right;">Page 15</p> <p>1 professional affiliations or groups?</p> <p>2 A. The Pennsylvania Society of Physician</p> <p>3 Assistants.</p> <p>4 Q. Okay. And how long have you been part of</p> <p>5 that?</p> <p>6 A. Probably since 2012.</p> <p>7 Q. Okay.</p> <p>8 (Exhibit Number 1 was marked for</p> <p>9 identification.)</p> <p>10 BY MR. WILHELM:</p> <p>11 Q. Your CV that you provided or your counsel</p> <p>12 provided me yesterday, I marked as Exhibit 1 and sent</p> <p>13 back. Is that an accurate representation currently</p> <p>14 of your education, training and experience?</p> <p>15 A. Yes.</p> <p>16 Q. Are there any changes that you need to</p> <p>17 make to that?</p> <p>18 A. No.</p> <p>19 Q. At the bottom, there's certifications</p> <p>20 listed. Can you just explain to me what those five</p> <p>21 certifications are?</p> <p>22 A. So the NCCPA Board certification is the</p> <p>23 passing of the board tests that we have to take and</p> <p>24 maintain, so I have done that and recertified since</p> <p>25 graduating from PA school.</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Were they -- are they for the same</p> <p>2 employer? Can you explain that? Let me ask a better</p> <p>3 question.</p> <p>4 You're employed by MILV now. How</p> <p>5 long have you been employed by MILV?</p> <p>6 A. July 2017.</p> <p>7 Q. Let's go to the other one, the physician</p> <p>8 assistant, Allentown and East Stroudsburg, who was</p> <p>9 your employer then?</p> <p>10 A. Lehigh Valley Physician's Group.</p> <p>11 Q. Okay. And then the list of your job</p> <p>12 duties under -- or your experience under that at</p> <p>13 LVPG, is that an accurate summary of what you did?</p> <p>14 A. Yes.</p> <p>15 Q. So there was some overlap at working at</p> <p>16 LVPG and MILV?</p> <p>17 A. Yeah. I maintained my privileges at</p> <p>18 Pocono and did a little bit of per diem work for them</p> <p>19 after taking the job with MILV.</p> <p>20 Q. Okay. So when you were at LVPG you write</p> <p>21 trauma and general surgery, and then for MILV it says</p> <p>22 interventional radiology, correct? So your focus now</p> <p>23 is interventional radiology, right?</p> <p>24 A. Yes.</p> <p>25 Q. So you -- do you receive your paychecks</p>

<p style="text-align: right;">Page 18</p> <p>1 from MILV?</p> <p>2 A. Yes.</p> <p>3 Q. So give me -- your job title then is</p> <p>4 physician's assistant, correct?</p> <p>5 A. Yes.</p> <p>6 Q. Do you have a regular schedule -- work</p> <p>7 schedule of hours and days?</p> <p>8 A. Yes.</p> <p>9 Q. And what is that?</p> <p>10 A. Monday through Friday, typically</p> <p>11 approximately 7:30 to around -- somewhere between</p> <p>12 3:30 and 4:30.</p> <p>13 Q. Has that schedule been pretty consistent</p> <p>14 since you started in July of 2017?</p> <p>15 A. Pretty consistent. It was a little bit</p> <p>16 later to start, and there's been some need to move</p> <p>17 the day earlier to accommodate patients.</p> <p>18 Q. But it's always been full-time, is that</p> <p>19 correct?</p> <p>20 A. Yes.</p> <p>21 Q. Do you have a place that you report</p> <p>22 physically for your job?</p> <p>23 A. Yes.</p> <p>24 Q. Where is that?</p> <p>25 A. At Lehigh Valley Muhlenberg primarily.</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. So I've asked a lot of questions of Ms.</p> <p>2 Lieberman and Dr. Hoffman, so I have a good idea and</p> <p>3 I will not rehash that stuff. So I am clear, you go</p> <p>4 in and there's a list of assignments for physician</p> <p>5 assistants. And then if you are the only one</p> <p>6 working, you are going to do the best you can to take</p> <p>7 them on.</p> <p>8 If there's another person, you may</p> <p>9 discuss -- another physician assistant, you may</p> <p>10 discuss who is going to do what?</p> <p>11 A. Yeah. And the doctor is always</p> <p>12 available. So, say, if his schedule or her schedule</p> <p>13 is not as busy as mine, then they also can help with</p> <p>14 the mountain of work.</p> <p>15 Q. Now, you said the nurse. So who is</p> <p>16 putting the assignments in, like, a nurse -- just a</p> <p>17 nurse in radiology?</p> <p>18 A. So there -- the outpatients are scheduled</p> <p>19 through our scheduling department. And then there's</p> <p>20 a nurse assigned to my area that kind of monitors the</p> <p>21 work flow. The orders for the actual procedures are</p> <p>22 entered by the physicians caring -- physicians,</p> <p>23 NPPAs, PAs or the provider caring for the patients.</p> <p>24 Q. Okay. So on any given day, would it be</p> <p>25 accurate to say you don't know, for certain, when you</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Do you go to other places, too?</p> <p>2 A. Initially, I was going to Cedar Crest;</p> <p>3 but for the past, probably almost three years, it's</p> <p>4 been exclusively at Muhlenberg.</p> <p>5 Q. Okay. So tell me what your -- this is</p> <p>6 not a good word, but tell me what your typical day is</p> <p>7 like.</p> <p>8 A. So I get in around 7:30 or so. Log in to</p> <p>9 the computer. Have a discussion with -- look at the</p> <p>10 schedule of prescheduled patients, and then typically</p> <p>11 would have a discussion with the nurse assigned to</p> <p>12 the area for the day about any in-house or Good</p> <p>13 Shepherd patient add-ons that need to be</p> <p>14 accommodated.</p> <p>15 And then we go about tackling the</p> <p>16 load of work. If I have another PA working with me</p> <p>17 that day, which is one to two days a week, we would</p> <p>18 have a discussion conferring, kind of, how we will go</p> <p>19 about splitting the responsibilities for the day.</p> <p>20 Q. Is it accurate to say that there's always</p> <p>21 a physician there though when you are working?</p> <p>22 A. There's always a physician in-house when</p> <p>23 we are working.</p> <p>24 Q. In the IR department?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 21</p> <p>1 wake up in the morning how many assignments you are</p> <p>2 going to have or how many patients you will address</p> <p>3 or how many procedures you will do, is that correct?</p> <p>4 A. Yeah, that would be accurate.</p> <p>5 Q. Again not a great word, but on a typical</p> <p>6 day, about how many procedures might you do?</p> <p>7 A. On average, I probably have between 13</p> <p>8 and 15 patient contacts a day.</p> <p>9 Q. What is a patient contact?</p> <p>10 A. So that would be either a procedure that</p> <p>11 we do or being involved, either seeing one of the</p> <p>12 more complicated patients postoperatively or managing</p> <p>13 patients postprocedure that some of the physicians</p> <p>14 do.</p> <p>15 Q. Now, on your CV you listed some of your,</p> <p>16 again, typical procedures that you do. Is that a</p> <p>17 fair representation of what you do, the procedures</p> <p>18 that you do?</p> <p>19 A. Yes.</p> <p>20 Q. Do you do any assisting of physicians of</p> <p>21 procedures?</p> <p>22 A. Not typically.</p> <p>23 Q. Okay. On your CV you also wrote, on the</p> <p>24 last bullet point, participate in departmental</p> <p>25 development meetings. What does that mean?</p>

<p style="text-align: right;">Page 46</p> <p>1 A. Yes.</p> <p>2 Q. Okay. The Good Shepherd nurse, do you</p> <p>3 have any recollection of what this nurse looked like?</p> <p>4 A. No.</p> <p>5 Q. Before the procedure started, did you</p> <p>6 speak with Dr. Hoffman about Ms. Raymond at all?</p> <p>7 A. No, not that I recall.</p> <p>8 Q. Do you know if you spoke with Carol</p> <p>9 Rotman, a nurse practitioner, prior to the procedure?</p> <p>10 A. I don't believe so.</p> <p>11 Q. Do you recall if you spoke with a</p> <p>12 Dr. Stroble that morning, prior to the procedure?</p> <p>13 A. I don't believe so.</p> <p>14 Q. If you had spoken with anybody that</p> <p>15 morning, any other healthcare professional that</p> <p>16 morning prior to the procedure, do you believe you</p> <p>17 would have documented that?</p> <p>18 MS. SHANNON: Object to the form,</p> <p>19 but you can answer.</p> <p>20 A. Not if it wasn't pertinent to her care.</p> <p>21 So if it was simply a conversation asking about the</p> <p>22 time of the thoracentesis, I would not have</p> <p>23 documented that.</p> <p>24 Q. But you do recall speaking generally with</p> <p>25 Ms. Lieberman about what, who was going to do the</p>	<p style="text-align: right;">Page 48</p> <p>1 switched to Amanda doing it?</p> <p>2 A. We didn't specifically divide up any one</p> <p>3 specific case. It kind of is a little bit how it</p> <p>4 comes.</p> <p>5 Q. But my question is, do you recall what I</p> <p>6 just said, any discussion about -- I am going to do</p> <p>7 this patient, Ms. Raymond, and then that changing?</p> <p>8 A. No.</p> <p>9 Q. So as far as you knew, you never were --</p> <p>10 you had never planned to do Ms. Raymond's procedure?</p> <p>11 MS. SHANNON: Object to the form.</p> <p>12 BY MR. WILHELM:</p> <p>13 Q. Let me rephrase that question.</p> <p>14 In Ms. Lieberman's deposition, she</p> <p>15 testified to the effect that you were not available</p> <p>16 so she did the procedure. So do you know, at any</p> <p>17 point were you planning on doing the procedure?</p> <p>18 A. If I had been available I could have done</p> <p>19 the procedure.</p> <p>20 Q. Is there any reason that you are aware of</p> <p>21 that you would not have done the procedure other than</p> <p>22 availability?</p> <p>23 A. No.</p> <p>24 Q. So on your exhibits, if you can go to</p> <p>25 Exhibit 2.</p>
<p style="text-align: right;">Page 47</p> <p>1 procedure?</p> <p>2 A. Just the list of the day. So we keep one</p> <p>3 patient list for the day that we work off of.</p> <p>4 Q. So typically tell me how that works. I</p> <p>5 mean, is it a running list and there's 20, and you</p> <p>6 guys just go right down the list as you're available?</p> <p>7 Like, tell me how that works.</p> <p>8 A. So we have a list of scheduled</p> <p>9 outpatients that have specific times to come in. And</p> <p>10 then as patients are added on or orders are put in</p> <p>11 the computer, what we call add-ons, then they get</p> <p>12 added to the list and we approach them in the most</p> <p>13 reasonable way possible, depending on timing or</p> <p>14 necessity of a procedure being done ahead of one</p> <p>15 another -- another one.</p> <p>16 Q. Understood.</p> <p>17 Were you -- did you ever have any</p> <p>18 intention or plan to perform Ms. Raymond's</p> <p>19 thoracentesis that morning?</p> <p>20 A. I would have been available to do the</p> <p>21 procedure. It's just as likely that I would have</p> <p>22 done it as Amanda.</p> <p>23 Q. Okay. More specific question, do you</p> <p>24 have any recollection that you were going to do the</p> <p>25 procedure and then, for whatever reason, it was</p>	<p style="text-align: right;">Page 49</p> <p>1 (Exhibit Number 2 was marked for</p> <p>2 identification.)</p> <p>3 BY MR. WILHELM:</p> <p>4 Q. Do you have that?</p> <p>5 A. Yes.</p> <p>6 Q. And it's two pages. Do you see that?</p> <p>7 A. Yep.</p> <p>8 Q. Have you seen this two-page document</p> <p>9 before?</p> <p>10 A. Yes.</p> <p>11 Q. And when did you -- when have you seen</p> <p>12 this document before?</p> <p>13 A. I saw it when I filled it out and in the</p> <p>14 deposition premeeting that I had.</p> <p>15 Q. You filled this out on March 8th, 2018,</p> <p>16 correct?</p> <p>17 A. Yes.</p> <p>18 Q. At any time between March 8, 2018 and any</p> <p>19 time between then and meeting with your attorneys --</p> <p>20 and don't tell me anything about when you met with</p> <p>21 your attorneys or what you discussed -- did you ever</p> <p>22 see this or look at this form again?</p> <p>23 A. No.</p> <p>24 Q. Is this a form -- a preprinted form, a</p> <p>25 hospital form?</p>

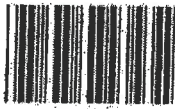
<p style="text-align: right;">Page 50</p> <p>1 A. Yes.</p> <p>2 Q. Can you tell me what it is?</p> <p>3 A. It's a procedural consent for a</p> <p>4 thoracentesis.</p> <p>5 Q. Is that your signature on the second</p> <p>6 page?</p> <p>7 A. Yes.</p> <p>8 Q. And above that, is that Brandy Millan's</p> <p>9 signature?</p> <p>10 A. Yes.</p> <p>11 Q. Did you sign that signature -- did you</p> <p>12 sign this on March 8th at approximately 8:10 a.m.?</p> <p>13 A. Yes.</p> <p>14 Q. Did Ms. Millan sign it at about the same</p> <p>15 time?</p> <p>16 A. Yes.</p> <p>17 Q. And then is that your handwriting above</p> <p>18 Ms. Millan's signature where it says, Jack Raymond,</p> <p>19 husband, via phone?</p> <p>20 A. Yes.</p> <p>21 Q. Did you insert those words?</p> <p>22 A. Yes.</p> <p>23 Q. At about 8:10 a.m.?</p> <p>24 A. Yes.</p> <p>25 Q. Back to the first page where you and</p>	<p style="text-align: right;">Page 52</p> <p>1 Valley Hospital. May I please speak with Jack</p> <p>2 Raymond. Confirm that that was who I am speaking to.</p> <p>3 I'm calling regarding Diane</p> <p>4 Raymond. I've been asked to do a procedure called a</p> <p>5 thoracentesis on her. That means to drain fluid from</p> <p>6 around her lung. What that entails is that she would</p> <p>7 come down to the radiology department. We will</p> <p>8 position her appropriately. Take a look at her back</p> <p>9 with an ultrasound machine.</p> <p>10 If we find fluid, make a small</p> <p>11 mark, clean her up, numb her up, and advance a needle</p> <p>12 in between her ribs, into that fluid, draining out as</p> <p>13 much as we can sending any testing that the doctors</p> <p>14 have ordered.</p> <p>15 All procedures carry risk. I have</p> <p>16 to tell you about the risks of the procedure. Risks</p> <p>17 are bleeding, infection, that goes with any time that</p> <p>18 needles go under the skin. There are blood vessels</p> <p>19 that run along the ribs. They should be protected;</p> <p>20 but if anatomy is unusual, we wouldn't be able to see</p> <p>21 that. There is a chance that they can become</p> <p>22 inadvertently injured.</p> <p>23 There is also a chance of something</p> <p>24 called a pneumothorax, which is air getting trapped</p> <p>25 outside the lung. If she were to suffer</p>
<p style="text-align: right;">Page 51</p> <p>1 Hoffman and Lieberman are listed, is that in your</p> <p>2 handwriting?</p> <p>3 A. Yes.</p> <p>4 Q. And the next paragraph or the box for the</p> <p>5 right is checked, is that your --</p> <p>6 A. Yes.</p> <p>7 Q. That's your check?</p> <p>8 A. That's my check.</p> <p>9 Q. So you're the only one that filled this</p> <p>10 form out, correct?</p> <p>11 A. Other than Brandy signing, yes.</p> <p>12 Q. Correct.</p> <p>13 A. I believe she wrote Diane Raymond on the</p> <p>14 top of the first page, as well. That's not my</p> <p>15 handwriting.</p> <p>16 Q. Thank you.</p> <p>17 Tell me what you did, as best you</p> <p>18 recall, to obtain this consent.</p> <p>19 A. I don't specifically have any</p> <p>20 recollection of obtaining this consent. But my</p> <p>21 practice would be, if we determined that phone</p> <p>22 consent is necessary, to call the patient</p> <p>23 representative listed in the chart.</p> <p>24 I would call and introduce myself.</p> <p>25 My name is Carin, I'm a physician assistant at Lehigh</p>	<p style="text-align: right;">Page 53</p> <p>1 complications, she could have to undergo additional</p> <p>2 procedures to repair anything that would become</p> <p>3 inadvertently injured.</p> <p>4 Q. What you just recited, is that what you</p> <p>5 believe you said to Mr. Raymond?</p> <p>6 A. That is my typical consent for a</p> <p>7 thoracentesis. I would then offer the person</p> <p>8 opportunity to ask any questions about the procedure</p> <p>9 itself. Knowing that Amanda was there that day, I</p> <p>10 would make the patient representative aware that it</p> <p>11 would be myself or one of my partners doing the</p> <p>12 procedure, depending on availability. And that's</p> <p>13 kind of my consent process.</p> <p>14 Q. Okay. And I appreciate that detailed</p> <p>15 process.</p> <p>16 My question though is, you said</p> <p>17 that's typically what you would do for a</p> <p>18 thoracentesis --</p> <p>19 A. Yes.</p> <p>20 Q. -- consent.</p> <p>21 Do you believe that's what you did</p> <p>22 with Raymond?</p> <p>23 A. Yes.</p> <p>24 Q. Did you write down anything about the</p> <p>25 consent, other than what is in Exhibit 2?</p>

<p style="text-align: right;">Page 62</p> <p>1 thoracentesis, so it's not applicable.</p> <p>2 Q. Well, under there it says these</p> <p>3 procedures may involve the use of x-rays, right?</p> <p>4 A. We don't use x-ray for a thoracentesis.</p> <p>5 Q. Okay.</p> <p>6 A. It says, if my procedure requires</p> <p>7 radiation. It doesn't.</p> <p>8 Q. How about the next paragraph, consent for</p> <p>9 blood and blood products?</p> <p>10 A. We did not discuss that, as I did not</p> <p>11 intend to give her any blood products as a result of</p> <p>12 the procedure.</p> <p>13 Q. It is not you that didn't intend, you</p> <p>14 weren't going to do the procedure, right?</p> <p>15 MS. SHANNON: Objection to the</p> <p>16 form.</p> <p>17 MR. WILHELM: She said, I didn't</p> <p>18 intend to use blood products.</p> <p>19 A. Blood products are not part of a</p> <p>20 thoracentesis.</p> <p>21 Q. Okay. How about the next paragraph</p> <p>22 regarding tissue and organs and body parts?</p> <p>23 A. Again, not applicable.</p> <p>24 Q. So you don't believe you mentioned that?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 64</p> <p>1 procedure for Ms. Raymond?</p> <p>2 A. No.</p> <p>3 Q. Why did you not attempt to obtain consent</p> <p>4 from Mrs. Raymond?</p> <p>5 A. It was communicated to me that -- by the</p> <p>6 nursing staff that she was not able to give her own</p> <p>7 consent.</p> <p>8 Q. Okay. Do you know who specifically</p> <p>9 communicated that to you?</p> <p>10 A. I specifically don't recall the</p> <p>11 conversation. It was probably Brandy, since she was</p> <p>12 the person assigned to the area that day.</p> <p>13 Q. As of 8:10 a.m. that morning, you had not</p> <p>14 physically observed Mrs. Raymond, is that correct?</p> <p>15 A. Correct.</p> <p>16 Q. Did you see Mrs. Raymond physically,</p> <p>17 after you obtained consent up until the time the</p> <p>18 procedure started?</p> <p>19 A. No.</p> <p>20 Q. Do you know what time the procedure</p> <p>21 started?</p> <p>22 A. I believe around 9:30, you told me</p> <p>23 earlier.</p> <p>24 Q. Other than what I told you, do you know</p> <p>25 when the procedure started?</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. What about the next part about medical</p> <p>2 research?</p> <p>3 A. Again, not -- we don't -- there's no</p> <p>4 research involved.</p> <p>5 Q. Okay. And how about the HIV testing?</p> <p>6 A. Did not discuss that.</p> <p>7 Q. Okay. So no reason to believe you</p> <p>8 discussed anything from -- on this first half of this</p> <p>9 page?</p> <p>10 A. Correct.</p> <p>11 Q. Now, signatures, did you discuss with him</p> <p>12 about signing this at all or that -- or whether he</p> <p>13 had an opportunity to come in and sign it at a later</p> <p>14 time? Was there any discussion about him putting a</p> <p>15 signature on this?</p> <p>16 A. Not specifically that I recall.</p> <p>17 Q. Okay.</p> <p>18 A. But he would have been asked to give</p> <p>19 consent over the phone.</p> <p>20 Q. And do you recall that he actually gave</p> <p>21 the consent?</p> <p>22 A. I don't recall having the conversation,</p> <p>23 but I wouldn't have written it down if he didn't.</p> <p>24 Q. Okay. To your knowledge, are there any</p> <p>25 other consent documents related to this specific</p>	<p style="text-align: right;">Page 65</p> <p>1 A. Not specifically.</p> <p>2 Q. Besides Brandy Millan, was there</p> <p>3 anybody -- and you, was there anybody else involved</p> <p>4 in obtaining Mr. Raymond's consent, to your</p> <p>5 knowledge?</p> <p>6 A. Not to my knowledge.</p> <p>7 (Exhibit Number 3 was marked for</p> <p>8 identification.)</p> <p>9 BY MR. WILHELM:</p> <p>10 Q. Let's go to Exhibit 3, please. Do you</p> <p>11 know what Exhibit 3 is?</p> <p>12 A. Yes.</p> <p>13 Q. What is it?</p> <p>14 A. It's a progress note that I wrote on</p> <p>15 March 8th.</p> <p>16 Q. Have you seen this progress note</p> <p>17 previously?</p> <p>18 A. Yes.</p> <p>19 Q. And when have you seen it?</p> <p>20 A. I seen it today, when I wrote it and the</p> <p>21 pre -- with my counsel, prior to this meeting.</p> <p>22 Q. So any time between March 8th, 2018, when</p> <p>23 you wrote it, and before meeting with your attorneys</p> <p>24 at any time, did you see the progress note?</p> <p>25 A. I don't believe so.</p>

EXHIBIT "C"

LEHIGH VALLEY HOSPITAL
ALLENTOWN, PA

LEHIGH VALLEY HOSPITAL - MUHLBERG
BETHLEHEM, PA



0 0 1



SEX: F

RAYMOND, DIANE

MRN: [REDACTED]

CSN: [REDACTED]

DOB: [REDACTED]

(76 yrs)

HERE

CHART/FORM LABEL

RADIOLOGY

CONSENT FOR SURGERY / INVASIVE PROCEDURE

PATIENT	Raymond, Diane	DATE	TIME	AM/PM
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I agree (consent) to Dr. Hoffman / Minchew MD / Lieberman and skilled assistants, including resident doctors and/or doctor assistants to do a(n):
Thoracentesis

- I understand that the procedure is to be performed at a teaching hospital and may involve resident doctors, medical students and other students and providers under the direction of my doctor.

The above treatment/surgery: ☒ right ☐ left (if it applies) will be done for the care and diagnosis of:
Pleural fluid

My doctor(s) may need to do other procedures during this surgery or treatment. This could happen if they find an unexpected condition. If my doctor(s) feel this is needed, I agree to these added procedures.

Sedation and Anesthesia

I have been told that pain during my procedure will be kept under control by the use of medications, including local anesthetics, intravenous sedating medications or drugs to put me to sleep (general anesthesia).

- I understand during certain procedures my physician will give me medicines for pain and that I will be awake for the procedure. I further understand that in some instances during my procedure my physician may determine help from an anesthesia provider is needed. I give permission for this care.
- I understand that the anesthesia used to sedate me or put me to sleep during surgery (general anesthesia) is not under the control of my surgeon.
- I will talk with the anesthesiologist about the risks and benefits of the specific anesthesia that will be used.

I understand the purpose of the procedure/surgery and my need for treatment. I know the practice of medicine and surgery is not an exact science. I know that no promises have been made about the outcome of this procedure/surgery.

Risks

The following general risks with this procedure/surgery have been explained to me. These risks include but are not limited to:

- infection
- bleeding
- injury to surrounding structures
- death

Additional Risks

I understand the additional risks and results for this procedure/surgery may include:

Pain, pneumothorax (collapsed lung) which may require chest tube placement and admission to hospital

Benefits

The following benefits for this procedure/surgery have been explained to me. These benefits include but are not limited to:

To remove fluid from chest (around lung)

Other Options (alternatives)

I have been told about other treatment choices. These include, but are not limited to:



LEHIGH VALLEY HOSPITAL
ALLENTOWN, PA

LEHIGH VALLEY HOSPITAL - MUHLENBERG
BETHLEHEM, PA



SEX: F

RAYMOND, DIANE

MRN: [REDACTED] CSN: [REDACTED]

RE

DOB: [REDACTED] (76 yrs)

CHART/FORM LABEL

RADIOLOGY CONSENT FOR SURGERY / INVASIVE PROCEDURE

If my procedure requires Radiation:

- These procedures may involve the use of x-rays. Due to the occasional prolonged nature of some of these procedures, there is a possibility of skin reactions in the area receiving the x-rays. These reactions are usually temporary and may cause reddening of the skin or hair loss. These reactions are often delayed and may not occur until two to four weeks following your procedure.

Consent for Blood and Blood Products

I understand that blood and/or blood products may be given during this procedure. My doctor has explained to me:

- The possible benefits of receiving blood and blood products.
- The risks of receiving blood and/or blood products.
- The complications of receiving blood and/or blood products.

Consent for Use of Tissue, Organs, and Body Parts

I ask and agree that the hospital dispose of / get rid of any body tissues or parts which may be removed during my procedure. I understand that any body tissues or parts surgically removed may be tested and kept by the hospital for medical, scientific, or teaching purpose and may be disposed of as stated by law, regulation and/or normal practice.

Consent to Take Part in Medical Research, Study or Education Related To My Care

- I agree (consent) to the possible photographing and/or televising of the procedure to be performed provided that my identity is not revealed by the pictures or words.
- I waive (give up) my right to inspect and/or approve the finished product and its specific use.
- I know that Lehigh Valley Hospital and Lehigh Valley Hospital - Muhlenberg are teaching hospitals. To advance medical education, I also agree to allow observers, technical representatives and participants in the operating room. I also understand that I may have a physical exam for educational reasons.

Consent for HIV testing

- ☐ If any healthcare provider is exposed to my blood, I agree (consent) in advance to the taking of blood samples for HIV testing prior to, during or after the course of my procedure. I have been given the option to opt out of this testing. If I decline testing, this section will not be checked.

Signatures

I understand that I may withdraw my permission (consent) for this procedure/surgery at any time before it is performed. My signature below means that:

- I have read and understand this consent form.
- I have been given all the information I asked for about the procedure/surgery, the risks and other options.
- All my questions were answered.
- I agree to everything explained above.

Jack Raymond (husband) via phone

Patient Signature (or authorized Representative)

3/8/18

Date

0810

Time

[Signature] RW

03-03-18

Date

0810

Time

Witness to signature (Required if patient or authorized representative is unable to sign or signs with a mark)

I have discussed the procedure with the patient or the patient's authorized representative and have answered all questions asked.

[Signature] PAC

Provider Signature

3/8/18

Date

0810

Time

If it applies, the above information was translated and/or the consent was read in _____ language by _____
(Print Interpreter Name).

Interpreter's Signature (if it applies): _____ Date _____ Time _____

EXHIBIT "D"

<p style="text-align: right;">Page 10</p> <p>1 Q. Where do you live?</p> <p>2 A. Easton, Pennsylvania.</p> <p>3 Q. What's your address?</p> <p>4 A. My billing address and my mailing</p> <p>5 address is [REDACTED]</p> <p>6 Pennsylvania, 18042.</p> <p>7 Q. Thank you.</p> <p>8 And your date of birth, please?</p> <p>9 A. [REDACTED]</p> <p>10 Q. Did you go to high school?</p> <p>11 A. I did.</p> <p>12 Q. Where did you attend and when did you</p> <p>13 graduate?</p> <p>14 A. I attended Easton Area High School and</p> <p>15 graduated in June of 1991.</p> <p>16 Q. Have you ever been adjudicated a</p> <p>17 delinquent?</p> <p>18 A. No.</p> <p>19 Q. Have you ever been arrested as an adult</p> <p>20 for a criminal offense?</p> <p>21 A. Never.</p> <p>22 Q. Do you have a driver's license?</p> <p>23 A. I do.</p> <p>24 Q. In Pennsylvania?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 12</p> <p>1 A. I attended Northampton Community</p> <p>2 College where I received my associate's degree</p> <p>3 in nursing.</p> <p>4 Q. What year was that?</p> <p>5 A. I went back -- oh, I can't remember the</p> <p>6 year I went back, but I graduated in December of</p> <p>7 2004.</p> <p>8 Q. It appears to me you obtained your</p> <p>9 nursing license in 2005 in Pennsylvania. Is</p> <p>10 that accurate?</p> <p>11 A. Correct.</p> <p>12 Q. So just generally, what did you do</p> <p>13 between '94 and when you attended nursing</p> <p>14 school? What kind of work did you do?</p> <p>15 A. I worked in children's mental health</p> <p>16 for approximately 10 years. I had a position as</p> <p>17 a TSS or therapeutic support staff with</p> <p>18 the IU 21. And then I was employed with</p> <p>19 KidsPeace for almost 7 years.</p> <p>20 And when I left there in May of '90 --</p> <p>21 no. I started -- I left there May of 2004.</p> <p>22 That's when I started working here. It's been</p> <p>23 so long, so I'm, like, trying to get all my</p> <p>24 dates --</p> <p>25 Q. That's okay.</p>
<p style="text-align: right;">Page 11</p> <p>1 Q. Has that driver's license ever been</p> <p>2 suspended or revoked?</p> <p>3 A. Never.</p> <p>4 Q. Have you had that license since</p> <p>5 approximately age 16?</p> <p>6 A. Yes, since approximately age 16.</p> <p>7 Q. And have you ever had a driver's</p> <p>8 license in any other state?</p> <p>9 A. I have not.</p> <p>10 Q. Did you attend college?</p> <p>11 A. I did.</p> <p>12 Q. Where?</p> <p>13 A. My first degree I attended South</p> <p>14 Carolina State University.</p> <p>15 Q. Okay. And what years did you attend</p> <p>16 there?</p> <p>17 A. From August of 1991 until December of</p> <p>18 1994 when I graduated.</p> <p>19 Q. And what did you graduate with?</p> <p>20 A. A bachelor's of science degree in</p> <p>21 psychology.</p> <p>22 Q. Did you -- and then did you have formal</p> <p>23 education after that?</p> <p>24 A. I did.</p> <p>25 Q. Where?</p>	<p style="text-align: right;">Page 13</p> <p>1 A. -- together. So, yes, June of 2004 is</p> <p>2 when I started my employment with Lehigh Valley</p> <p>3 Health Network.</p> <p>4 Q. Okay. Great. Have you remained a</p> <p>5 nurse in Pennsylvania from 2005 to the present?</p> <p>6 A. Yes.</p> <p>7 Q. Has your nursing license ever been</p> <p>8 revoked or suspended?</p> <p>9 A. Never.</p> <p>10 Q. Have you met all the qualifications and</p> <p>11 requirements in that roughly 16-year period to</p> <p>12 remain a nurse?</p> <p>13 A. I have.</p> <p>14 Q. And have you ever had a nursing license</p> <p>15 in any other state?</p> <p>16 A. I have not.</p> <p>17 Q. So you already indicated that you</p> <p>18 started working at LVHN around 2004, is that</p> <p>19 correct?</p> <p>20 A. That's correct.</p> <p>21 Q. And have you remained in their employ</p> <p>22 continuously since then?</p> <p>23 A. Yes.</p> <p>24 Q. As a nurse?</p> <p>25 A. When I first started employment in</p>

<p style="text-align: right;">Page 18</p> <p>1 be the exhibit, what you can tell.</p> <p>2 THE WITNESS: So based on the</p> <p>3 information that I've been provided, I'm aware</p> <p>4 that Diane Raymond was a patient in the</p> <p>5 interventional radiology. I do see, based on</p> <p>6 the document that I have before me, that I did</p> <p>7 witness the consent with one of my colleagues</p> <p>8 with the spouse via telephone.</p> <p>9 (Goodwin Exhibit 1 was marked for</p> <p>10 identification.)</p> <p>11 BY MR. WILHELM:</p> <p>12 Q. And do you have a two-page document in</p> <p>13 front of you?</p> <p>14 A. Yes, I do.</p> <p>15 Q. And the document at the top left would</p> <p>16 say radiology consent for surgery/invasive</p> <p>17 procedure?</p> <p>18 A. Yes, it does.</p> <p>19 Q. And then the patient's identified as</p> <p>20 Diane Raymond, correct?</p> <p>21 A. Well, Raymond, Diane.</p> <p>22 Q. And on the second page, there's a place</p> <p>23 which appears as though your signature is, is</p> <p>24 that correct?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 20</p> <p>1 the pertinent parts related to a thoracentesis.</p> <p>2 After she finished reviewing everything</p> <p>3 with him, she would have handed me the</p> <p>4 telephone. I would have got on with Mr. Raymond</p> <p>5 and asked him if he agreed to all that was</p> <p>6 discussed with him by Carin, did he have any</p> <p>7 further questions.</p> <p>8 I would have presumed he didn't have</p> <p>9 any further questions because I signed. I</p> <p>10 wouldn't have signed without him expressing to</p> <p>11 me that he was in agreement with everything that</p> <p>12 Carin reviewed with him, and then I signed my</p> <p>13 name, date, and time then.</p> <p>14 Q. Do you believe that's what occurred?</p> <p>15 A. I believe that's what occurred.</p> <p>16 Q. Okay. And you believe that's what</p> <p>17 occurred because that's customarily how it's</p> <p>18 done based on your experience?</p> <p>19 A. Based on my experiences, yes.</p> <p>20 Q. Okay. When Carin would have been</p> <p>21 speaking with Mr. Raymond on the telephone,</p> <p>22 would you only have been able to hear -- to hear</p> <p>23 her side of the conversation?</p> <p>24 A. That's correct.</p> <p>25 Q. But you would have been present during</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Is that in fact your signature?</p> <p>2 A. That is my signature.</p> <p>3 Q. Did you in fact sign that on March 8th,</p> <p>4 2018, at approximately 8:10 a.m.?</p> <p>5 A. To the best of my recollection.</p> <p>6 Q. And whose signature is below you?</p> <p>7 A. Carin Minchew, physician assistant.</p> <p>8 Q. Do you know Carin Minchew?</p> <p>9 A. I do.</p> <p>10 Q. How do you know Carin?</p> <p>11 A. Through employment. We worked together</p> <p>12 in the interventional radiology department.</p> <p>13 Q. Okay. So based upon this document,</p> <p>14 tell me what you recall, if anything, about your</p> <p>15 role in the consent here.</p> <p>16 A. Based on this document, what would have</p> <p>17 occurred during that day is Carin would have</p> <p>18 been on the telephone with the documented</p> <p>19 spouse, Jack Raymond, reviewing the consent for</p> <p>20 the procedure, which is noted as a right</p> <p>21 thoracentesis.</p> <p>22 Based on the consent form, Carin would</p> <p>23 have been speaking with Mr. Raymond via</p> <p>24 telephone, and I would have been present nearby</p> <p>25 listening to her review the consent form and all</p>	<p style="text-align: right;">Page 21</p> <p>1 the entire conversation, you believe?</p> <p>2 A. Yes.</p> <p>3 Q. Where -- where would you and Carin have</p> <p>4 been?</p> <p>5 A. In the IR suite at the time, there was</p> <p>6 a desk where the staff would sit where the</p> <p>7 telephone was at, so we would have both been</p> <p>8 behind the desk. So I would have been sitting</p> <p>9 very near to her so I could hear clearly</p> <p>10 everything that she was reviewing so that when I</p> <p>11 was on the phone, I could be clear as to what</p> <p>12 she had said so if there was not any</p> <p>13 understanding when I asked prior to me signing,</p> <p>14 that I know what she reviewed with him.</p> <p>15 Q. Was Carin filling out this form when</p> <p>16 she was speaking with Mr. Raymond? Do you know?</p> <p>17 A. I don't recall.</p> <p>18 Q. Okay. So I asked a few moments ago if</p> <p>19 you signed this around 8:10. You said -- I</p> <p>20 think you said likely that you did. Is that</p> <p>21 about the time the telephone conversation would</p> <p>22 have taken place?</p> <p>23 A. Correct.</p> <p>24 Q. So are you required to fill out the</p> <p>25 consent form at the same time as soon as the</p>

EXHIBIT "E"

<p style="text-align: right;">Page 22</p> <p>1 the way of writings in professional literature?</p> <p>2 A. I don't. I'm more of a clinical</p> <p>3 physician.</p> <p>4 Q. Okay. So on your CV, you have some</p> <p>5 references to writings that you did. It looks</p> <p>6 like mostly in the late '90s, early 2000. Is</p> <p>7 that a fair summary of your professional</p> <p>8 writings?</p> <p>9 A. Yeah. I think there's -- yeah.</p> <p>10 There's kind of two kind of writings. There's,</p> <p>11 you know, research kind of writings and then</p> <p>12 there's lecturing. I do occasional lectures,</p> <p>13 but I don't participate in research.</p> <p>14 Q. Okay. And do you do any teaching on</p> <p>15 any kind of regular basis?</p> <p>16 A. Not on a regular basis. We will</p> <p>17 occasionally have medical students rotate</p> <p>18 through our department, and I do do some</p> <p>19 teaching to the medical students.</p> <p>20 Q. But you're not formally an instructor</p> <p>21 or a professor?</p> <p>22 A. I am not.</p> <p>23 Q. All right. Thank you.</p> <p>24 Again, is there anything that's not on</p> <p>25 your CV that you think is relevant to your</p>	<p style="text-align: right;">Page 24</p> <p>1 group.</p> <p>2 Q. So Lehigh Magnetic Imaging Center is a</p> <p>3 subgroup of --</p> <p>4 A. I don't know if I'm using the right</p> <p>5 terminology.</p> <p>6 MS. SHANNON: That's okay. I just</p> <p>7 wanted to -- he was talking and you were trying</p> <p>8 to be helpful but --</p> <p>9 THE WITNESS: Sorry, Scott. I</p> <p>10 apologize.</p> <p>11 MR. WILHELM: Oh, no, no. Not</p> <p>12 necessary.</p> <p>13 MS. SHANNON: Sorry to Meg.</p> <p>14 THE WITNESS: Oh, sorry, Meg.</p> <p>15 BY MR. WILHELM:</p> <p>16 Q. Explain to me as best you understand.</p> <p>17 A. Yeah. This is like a business</p> <p>18 arrangement that's out of my realm of expertise,</p> <p>19 but the magnetic imaging portion is MRI, and</p> <p>20 that's part of our private practice group, but,</p> <p>21 in a way, it's a distinct entity.</p> <p>22 Q. Okay.</p> <p>23 A. That's the best I can describe it to</p> <p>24 you without getting into the business details.</p> <p>25 Q. So -- okay. Who is -- who is your</p>
<p style="text-align: right;">Page 23</p> <p>1 education, training, and experience?</p> <p>2 A. I don't think so.</p> <p>3 Q. Okay. Thank you.</p> <p>4 So let's talk about where you work.</p> <p>5 You work for whom?</p> <p>6 A. I work at Lehigh Valley Hospital. We</p> <p>7 are a private practice group employed by Lehigh</p> <p>8 Valley Hospital.</p> <p>9 Q. Okay. What's the name of the private</p> <p>10 practice group?</p> <p>11 A. Medical Imaging of Lehigh Valley.</p> <p>12 Q. And then the practice group is employed</p> <p>13 by the hospital?</p> <p>14 A. Correct.</p> <p>15 Q. So what is your position? Are you a</p> <p>16 radiologist or an interventional radiologist?</p> <p>17 How are you identified?</p> <p>18 A. As an interventional radiologist.</p> <p>19 Q. Okay. Did you ever work for a place</p> <p>20 called Lehigh Magnetic Imaging Center?</p> <p>21 A. Well, that's -- it gets kind of</p> <p>22 complicated. That's one of the subsets of our</p> <p>23 private practice group. I don't understand</p> <p>24 necessarily how the entities -- why they differ,</p> <p>25 but it's a subgroup of our private practice</p>	<p style="text-align: right;">Page 25</p> <p>1 employer? Is it Medical Imaging or is it Lehigh</p> <p>2 Valley Hospital?</p> <p>3 A. I'm an employee of Medical Imaging of</p> <p>4 Lehigh Valley who is employed by Lehigh Valley</p> <p>5 Hospital.</p> <p>6 Q. So your pay stub, it comes from -- I'm</p> <p>7 sorry?</p> <p>8 A. It comes from MILV.</p> <p>9 Q. Thank you.</p> <p>10 So you're an interventional</p> <p>11 radiologist -- radiological physician, right?</p> <p>12 A. That's correct.</p> <p>13 Q. You don't identify yourself as a</p> <p>14 radiologist or a diagnostic radiologist, is that</p> <p>15 correct?</p> <p>16 A. I mean, I am a radiologist, but my</p> <p>17 specific area of training and fellowship</p> <p>18 training is interventional radiology.</p> <p>19 Q. Okay. So besides diagnostic radiology</p> <p>20 and interventional radiology, are there any</p> <p>21 other subsets of radiology that a physician</p> <p>22 could get into?</p> <p>23 A. There are. There are multiple</p> <p>24 different subspecialties.</p> <p>25 Q. Can you give me an example of a few?</p>

<p style="text-align: right;">Page 94</p> <p>1 A. No -- for pregnancy.</p> <p>2 Q. Okay. So have you had an opportunity</p> <p>3 to work with Ms. Lieberman?</p> <p>4 A. Fairly extensively.</p> <p>5 Q. Okay. Can you explain that?</p> <p>6 A. So, I mean, since she's been here since</p> <p>7 2012, I've, you know, observed her doing</p> <p>8 procedures. I've been her supervisor during</p> <p>9 procedures as it was in -- you know, like the</p> <p>10 situation at Muhlenberg that particular day,</p> <p>11 and, you know, just getting to know her since</p> <p>12 that time, getting her reputation.</p> <p>13 Q. Okay. So let's talk about her</p> <p>14 reputation. Where have you obtained information</p> <p>15 regarding her reputation?</p> <p>16 A. Anecdotally, I suppose. I mean, I know</p> <p>17 she's very, very good; I know she's very, very</p> <p>18 smart, and, you know, sometimes you learn that</p> <p>19 just by working with someone.</p> <p>20 Q. So you're --</p> <p>21 A. She had extensive experience before she</p> <p>22 came to us.</p> <p>23 Q. So your opinion of her is based upon</p> <p>24 what you've observed and what you heard about</p> <p>25 her?</p>	<p style="text-align: right;">Page 96</p> <p>1 many times you've done that?</p> <p>2 A. Dozens. Again, that's a hard one to</p> <p>3 answer. I don't know -- that's an approximate</p> <p>4 but dozens.</p> <p>5 Q. Have you ever actually been in the room</p> <p>6 and observed her perform a thoracentesis other</p> <p>7 than anything related to Ms. Raymond?</p> <p>8 A. Yes.</p> <p>9 Q. Can you give me a fair estimate there?</p> <p>10 A. Same.</p> <p>11 Q. Besides your co-workers, do you --</p> <p>12 strike that.</p> <p>13 A moment ago you spoke about her</p> <p>14 reputation based upon what you've seen and what</p> <p>15 you've observed. Have you ever observed</p> <p>16 anything that she's done professionally that</p> <p>17 concerned you?</p> <p>18 MS. SHANNON: Object to the form. Go</p> <p>19 ahead.</p> <p>20 THE WITNESS: Absolutely not. She's</p> <p>21 very thorough. She's very smart. She's</p> <p>22 technically skilled. I mean, she's really one</p> <p>23 of the best we have, if not the best.</p> <p>24 BY MR. WILHELM:</p> <p>25 Q. Have you ever heard any of your</p>
<p style="text-align: right;">Page 95</p> <p>1 A. Correct. Yes.</p> <p>2 Q. Can you give a fair estimate as to how</p> <p>3 many times you worked -- days you worked with</p> <p>4 her? For instance, you work five days a week</p> <p>5 generally. Can you give me an idea of how many</p> <p>6 times you worked with her?</p> <p>7 A. Usually about once a week.</p> <p>8 Q. And has that always been the case?</p> <p>9 A. That's pretty consistent.</p> <p>10 Q. Has -- to your knowledge, has</p> <p>11 Ms. Lieberman ever participated in a procedure</p> <p>12 that you've done where you're the performing</p> <p>13 physician and she's there assisting in some</p> <p>14 manner?</p> <p>15 A. Not to my knowledge.</p> <p>16 Q. Would that be -- would that be unusual</p> <p>17 to have a physician --</p> <p>18 A. Yes. That would be kind of unusual.</p> <p>19 We just don't have that type of arrangement or</p> <p>20 necessity.</p> <p>21 Q. Have you ever observed her perform her</p> <p>22 procedures, you know, going into the room and</p> <p>23 actually watched her?</p> <p>24 A. I have.</p> <p>25 Q. Can you give a fair estimate as to how</p>	<p style="text-align: right;">Page 97</p> <p>1 colleagues, other physicians, comment on her</p> <p>2 negatively, her skills or performance?</p> <p>3 A. No. I mean, everyone shares my -- my</p> <p>4 view. She's -- I think we're lucky to have her.</p> <p>5 Q. Has your employer or the hospital ever</p> <p>6 asked you to review her in any type of formal</p> <p>7 manner?</p> <p>8 A. No.</p> <p>9 Q. How about informally? Has anybody come</p> <p>10 and questioned you about her proficiency and</p> <p>11 competency, et cetera?</p> <p>12 A. No.</p> <p>13 Q. Do you know when the last time was that</p> <p>14 you worked with her prior to March 8th, 2018,</p> <p>15 which, of course, is the date that's the subject</p> <p>16 of this case?</p> <p>17 A. When did I work with her prior to that</p> <p>18 date?</p> <p>19 Q. Yes. Last, last prior to March 8th, do</p> <p>20 you remember?</p> <p>21 A. No, I actually don't. But, again, it's</p> <p>22 usually that once-a-week arrangement. It's</p> <p>23 usually Thursday, so the Thursday before that</p> <p>24 procedure.</p> <p>25 Q. Okay.</p>

EXHIBIT "F"

<p style="text-align: right;">Page 14</p> <p>1 A. Yes.</p> <p>2 Q. And how often do you take them?</p> <p>3 A. Thirty hours for two years. We renew</p> <p>4 our license every two years.</p> <p>5 Q. Okay. And you've renewed it every two</p> <p>6 years without incident, is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. And are you a member of any</p> <p>9 professional organizations related to the</p> <p>10 nursing field?</p> <p>11 A. No.</p> <p>12 Q. So who is your current employer?</p> <p>13 A. Lehigh Valley Hospital.</p> <p>14 Q. And when did you start there?</p> <p>15 A. 1995.</p> <p>16 Q. Okay. Have you been employed by</p> <p>17 anybody else in the medical field from 1995 to</p> <p>18 the present other than Lehigh Valley?</p> <p>19 A. No.</p> <p>20 Q. What was your first position at Lehigh</p> <p>21 Valley?</p> <p>22 A. A student nurse.</p> <p>23 Q. Okay.</p> <p>24 A. It was a program.</p> <p>25 Q. Okay. So your pay stub, it says Lehigh</p>	<p style="text-align: right;">Page 16</p> <p>1 today?</p> <p>2 A. Correct.</p> <p>3 Q. And have you held that position then</p> <p>4 for the approximate 20 or 21 years?</p> <p>5 A. Yes.</p> <p>6 Q. Do you work only at Muhlenberg?</p> <p>7 A. We do rotate over to the Cedar Crest</p> <p>8 site on occasion.</p> <p>9 Q. Okay. So tell me generally what your</p> <p>10 job duties as an interventional radiologist --</p> <p>11 and I'll say IR for shorthand, if that's okay</p> <p>12 with you. As an IR nurse, generally what are</p> <p>13 your duties?</p> <p>14 A. Sedation for procedures, assist in the</p> <p>15 procedures with the physician or the physician</p> <p>16 assistant, charting, monitoring -- that goes</p> <p>17 along with the sedation -- calling report, and</p> <p>18 tending to the care of the patient, addressing</p> <p>19 any pain or basic needs --</p> <p>20 Q. Okay.</p> <p>21 A. -- and emotional support as well.</p> <p>22 Q. Okay. Do you have a current nursing</p> <p>23 supervisor?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. And who would that person be?</p>
<p style="text-align: right;">Page 15</p> <p>1 Valley Health Network on it or something like</p> <p>2 that?</p> <p>3 A. Yes.</p> <p>4 Q. Just give me a summary of the jobs that</p> <p>5 you've had from the time you started there in</p> <p>6 the last 25 years.</p> <p>7 A. A technical partner is when I was done</p> <p>8 with school and before I was able to sit for my</p> <p>9 boards. We'd take temperatures and blood</p> <p>10 pressures, phlebotomy, little bit of charting --</p> <p>11 Q. Okay.</p> <p>12 A. -- and basic needs of the patients, you</p> <p>13 know, water, bedpan, help them change their</p> <p>14 clothes. And then once I passed my boards,</p> <p>15 that's when I started working as an RN.</p> <p>16 Q. Okay. And tell me, were you assigned</p> <p>17 to different areas in the hospital, different</p> <p>18 departments? Kind of give me a history of that.</p> <p>19 A. As a student and when I first passed my</p> <p>20 boards, I worked in the emergency room.</p> <p>21 Q. Okay. And then?</p> <p>22 A. And then in 2000, the year 2000, I</p> <p>23 accepted the position at Muhlenberg in</p> <p>24 interventional radiology.</p> <p>25 Q. And is that the position you hold</p>	<p style="text-align: right;">Page 17</p> <p>1 A. Tracie DeCrosta.</p> <p>2 Q. Can you spell the last name for the</p> <p>3 court reporter?</p> <p>4 A. T-R-A-C-I-E, DeCrosta, D-E-C-R-O-S-T-A.</p> <p>5 Q. Thank you.</p> <p>6 And how long has she been your</p> <p>7 supervisor now?</p> <p>8 A. I believe since November she -- she</p> <p>9 just kind of took over our -- our area. She</p> <p>10 currently is the manager at the Cedar Crest</p> <p>11 site.</p> <p>12 Q. Okay. Do you know who your nursing</p> <p>13 supervisor was back in March of 2018?</p> <p>14 A. Dawn Kuklinski.</p> <p>15 Q. Could you spell that?</p> <p>16 A. Yes, D-A-W-N, K-U-K-L-I-N-S-K-I.</p> <p>17 Q. Okay. So in the 20 -- approximately 20</p> <p>18 years you've been in IR, have you always been</p> <p>19 employed? In other words, were you ever laid</p> <p>20 off or did you ever quit or take time off?</p> <p>21 A. Just for pregnancy.</p> <p>22 Q. Okay. And have you ever been suspended</p> <p>23 by the hospital in these last 20 years?</p> <p>24 A. No.</p> <p>25 Q. Have you ever received any formal</p>

<p style="text-align: right;">Page 22</p> <p>1 ultrasound -- ultrasound-guided thoracentesis</p> <p>2 is?</p> <p>3 A. Yes.</p> <p>4 Q. What's your understanding of what that</p> <p>5 is?</p> <p>6 A. You use the ultrasound machine as a</p> <p>7 guide to find a pocket of fluid.</p> <p>8 Q. And when you say you, who uses that</p> <p>9 ultrasound machine? Is it the nurse or the</p> <p>10 proceduralist or somebody else?</p> <p>11 A. The proceduralist.</p> <p>12 (Unser Exhibit 1 was marked for</p> <p>13 identification.)</p> <p>14 BY MR. WILHELM:</p> <p>15 Q. So the exhibits I sent to you, which I</p> <p>16 believe you have in front of you --</p> <p>17 A. Yes.</p> <p>18 Q. -- Exhibit Number 1 is three pages. Do</p> <p>19 you have that?</p> <p>20 A. Yes.</p> <p>21 Q. Now, do you see where it says Lehigh</p> <p>22 Valley Hospital Department of Ultrasound</p> <p>23 protocols?</p> <p>24 A. Yes.</p> <p>25 Q. And then the first page is, like, a</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. So you acknowledge you've seen this;</p> <p>2 you just don't know when the last time you saw</p> <p>3 it is?</p> <p>4 A. Right.</p> <p>5 Q. Do you know who drafted this document?</p> <p>6 A. No.</p> <p>7 Q. Did you play any role in drafting this</p> <p>8 document?</p> <p>9 A. No.</p> <p>10 Q. Have you ever been tested on this</p> <p>11 document?</p> <p>12 A. No.</p> <p>13 Q. To your knowledge, are you required to</p> <p>14 commit this document to memory?</p> <p>15 MS. SHANNON: Object to the form.</p> <p>16 MS. WEED: Yes. I'm joining in that</p> <p>17 objection.</p> <p>18 MR. WILHELM: What's the objection?</p> <p>19 MS. WEED: The term required.</p> <p>20 BY MR. WILHELM:</p> <p>21 Q. Required. Does your employer require</p> <p>22 you to memorize this document?</p> <p>23 A. Memorize it?</p> <p>24 Q. Yes.</p> <p>25 A. Do you mean word for word or --</p>
<p style="text-align: right;">Page 23</p> <p>1 table of contents. Would you agree?</p> <p>2 A. Yes.</p> <p>3 Q. And then the next two pages are pages</p> <p>4 18 and 19 which address thoracentesis, correct?</p> <p>5 A. Yes.</p> <p>6 Q. Have you seen this document -- these</p> <p>7 parts of this document previously?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. When is the last time that you</p> <p>10 saw it?</p> <p>11 A. I don't know. A while.</p> <p>12 Q. Okay. That's fine. Do you know when</p> <p>13 is the first time you saw it?</p> <p>14 A. Probably during my training. It</p> <p>15 probably has changed since then as far as --</p> <p>16 probably when we got the Neptunes.</p> <p>17 Q. And what is the Neptunes?</p> <p>18 A. If I can guess. If I can guess.</p> <p>19 MS. WEED: Don't guess.</p> <p>20 THE WITNESS: Oh, don't guess. If I</p> <p>21 could --</p> <p>22 BY MR. WILHELM:</p> <p>23 Q. All right.</p> <p>24 A. The Neptunes are the big containers</p> <p>25 that collect the fluid.</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. In any manner.</p> <p>2 MS. WEED: She's confused by the</p> <p>3 question. I can tell.</p> <p>4 THE WITNESS: I don't know what you</p> <p>5 mean by -- I mean, I can recall the process, but</p> <p>6 not that I need -- I don't know. I guess I'm</p> <p>7 confused.</p> <p>8 BY MR. WILHELM:</p> <p>9 Q. That's fine. Ms. Unser, if at any time</p> <p>10 you're confused, just speak up.</p> <p>11 A. Okay.</p> <p>12 Q. So what I'm asking is, are you aware --</p> <p>13 let's try it this way -- of your employer</p> <p>14 advising you that you must commit this document</p> <p>15 to memory?</p> <p>16 MS. WEED: Objection. You can answer.</p> <p>17 MR. WILHELM: What's the objection?</p> <p>18 THE WITNESS: Ah, no.</p> <p>19 MR. WILHELM: Well, hold on. Okay.</p> <p>20 BY MR. WILHELM:</p> <p>21 Q. Have you -- strike that.</p> <p>22 So let's go to the second page which is</p> <p>23 page 18. Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. So at the top it says,</p>

<p style="text-align: right;">Page 26</p> <p>1 Thoracentesis: Suction regulator should be set 2 to 100 millimeters mercury. 3 Is that what it says? 4 A. Yes. 5 Q. And what does that mean? 6 A. That's the setting on the Neptune 7 machine. 8 Q. Okay. Is that something that the IR 9 nurse is responsible for? 10 A. Yes. 11 Q. Then next it has a list of supplies, 12 and it looks like there's about 15 -- excuse me, 13 roughly 15. Do you see that list? 14 A. Yes. 15 Q. Is that your understanding -- when you 16 say getting the tray, the supplies would be on 17 that tray? 18 A. Yes. 19 Q. Okay. Is that something that the IR 20 nurse is responsible for? 21 A. Yes. 22 Q. And then where, as the IR nurse, do you 23 get these supplies? 24 A. We have a sterile tray that has some 25 basic supplies on it, and the rest of the</p>	<p style="text-align: right;">Page 28</p> <p>1 it to make sure that it's signed. 2 Q. Okay. So a consent form that's been 3 signed, where do you look for it, in the medical 4 chart or is it with the patient when they come 5 in to the procedure or something else? 6 A. It's -- it's usually -- we have the 7 consents in our department, so it's either with 8 our paperwork at the nurse's desk. 9 Q. That's typically where you find it? 10 A. Yes. 11 Q. Okay. And the patient stickers, what's 12 the patient stickers? 13 A. The patient's -- has the patient's name 14 and medical record number on it. 15 Q. And then patient script, what's that? 16 A. Patient script -- oh, the patient 17 script is the order for the procedure. 18 Q. Okay. And then lab stickers, what does 19 that reference? 20 A. Lab stickers are stickers that print 21 out from a special lab printer, and they 22 identify the testing that was ordered. 23 Q. Okay. What's the difference between 24 lab stickers and patient script? 25 A. The difference between lab stickers and</p>
<p style="text-align: right;">Page 27</p> <p>1 supplies we get from our clean supply room. 2 Q. Okay. Now, take a moment to look at 3 this list of items and tell me if that's 4 consistent with your experience as to the items 5 that you need to get. 6 A. Yes. 7 Q. Are there any items that are not on 8 that list that you -- that you retrieve for the 9 procedure or is that -- 10 A. Can you repeat that? I'm sorry. 11 Q. Sure. Is that a complete list based on 12 your experience or are there other items that -- 13 other supplies that are not on that list that 14 are used in a thoracentesis? 15 A. No. This is what we use. 16 Q. Okay. And then the next section says 17 paperwork. Do you see that? 18 A. Yes. 19 Q. And then it says consent form. Is it 20 the IR nurse's duty to check the consent form? 21 A. Yes. 22 Q. Okay. And what do you do specifically 23 to check the consent? 24 A. We look to make sure that there's 25 patient stickers on the form. We also look at</p>	<p style="text-align: right;">Page 29</p> <p>1 patient script, patient script is an order for 2 the test. 3 Q. Okay. And the lab stickers is what? 4 Their lab -- the patient's lab results? 5 A. No. If you're sending fluid for 6 testing -- 7 Q. Okay. 8 A. -- they're -- yeah. They're like lab 9 labels, like when you go and get blood work. 10 Q. I gotcha. Thank you. 11 And then what's this lab -- I'm sorry. 12 What did you say? 13 A. Nothing. 14 Q. And then what's this next phrase, 15 non-GYN cytology form? 16 A. That is a special test if you want to 17 send it for -- the fluid for cytology. It's -- 18 that test does not generate a lab sticker, so 19 you need to go into Epic, print out the order 20 for the cytology, and send it with the specimen. 21 Q. Okay. What is cytology? 22 A. Looking for cancer, cancer cells. 23 Q. All right. And then the next section, 24 it says Epic chart. Do you see that? 25 A. Yes.</p>

<p style="text-align: right;">Page 30</p> <p>1 Q. And then it has some entries we're 2 going to discuss here. Normal PT, what's that? 3 A. Usually 2.0 and below. 4 Q. Strike that. 5 A. Oh, wait. That's INR. I apologize. 6 Q. Hold on. I didn't ask a good question. 7 What does normal PT stand for? 8 A. Normal prothrombin time. 9 Q. Pro what? 10 A. Thrombin. 11 Q. Okay. 12 A. Normal blood clotting time. 13 Q. Thank you. 14 Next, what's the PTT stand for? 15 A. I don't remember. 16 Q. If you don't remember, that's fine. 17 A. It has to do with your blood clotting 18 time, your prothrombin. 19 Q. And what's platelets? 20 A. Platelets is the level in your blood to 21 make sure that you won't bleed. 22 Q. Okay. And then the next entry says, 23 INR-according to lab value and medication 24 guidelines, et cetera. 25 What's that phrase talking about?</p>	<p style="text-align: right;">Page 32</p> <p>1 What does that mean? 2 A. The patient does not have to stop 3 eating or drinking for the procedure. 4 Q. And then the next phrase, Stop blood 5 thinners, what's that phrase talking about? 6 A. There's blood thinners that sometimes 7 that -- there's blood thinners that need to be 8 stopped -- some blood thinners that need to be 9 stopped prior to having the procedure done. 10 Q. Okay. Do you play any role in checking 11 that as the nurse? 12 A. Yes. 13 Q. Okay. And how do you check that? 14 A. It's either in the chart -- it's in the 15 chart asking the patient or it's a conversation 16 that you have with the nurse taking care of the 17 patient. 18 Q. Okay. The next section, procedure 19 performed by, that's self-explanatory. 20 The next section, other support staff, 21 do you see that? 22 A. Yes. 23 Q. And then it says, Nurse to start 24 an IV (if necessary). 25 What does that mean?</p>
<p style="text-align: right;">Page 31</p> <p>1 A. It's your -- the international ratio, 2 that is when you were on a medication that 3 affects your blood clotting time. That's a 4 value we look at. 5 Q. And the INR stands for international 6 ratio. Is that what you said? 7 A. I believe -- yes, I believe so. 8 Q. Okay. Again, answer just to the best 9 of your knowledge. If you truly don't know, 10 please just let me know. I don't want you to 11 guess. Okay? 12 Then the last phrase there, Patient 13 script (order) post orders will be entered in 14 Epic by the radiologist/PA. 15 What's that mean? 16 A. Any orders after the procedure, whether 17 it is to resume medications or an x-ray, will be 18 done by -- by them. 19 Q. Okay. But not by the nurse? 20 A. No. 21 Q. Okay. All right. Next section says 22 patient prep. Do you see that? 23 A. Yes. 24 Q. All right. It says, Patient does not 25 need to be NPO.</p>	<p style="text-align: right;">Page 33</p> <p>1 A. We sometimes put in an IV to give 2 replacement fluid if it's needed or if we need 3 to draw blood work prior to the procedure, we 4 would start an IV to get the blood work off. 5 Q. And would that be an order from the 6 physician then? 7 A. Yes. 8 Q. Next section, preprocedure, do you see 9 that? 10 A. Yes. 11 Q. And number 1, it says, Set up Neptune. 12 Right? 13 A. Yes. 14 Q. And there's a reference to the Neptune 15 protocol. So is it accurate to say it's the IR 16 nurse's job to set up the Neptune? 17 A. Yes. 18 Q. Bring the patient into the room. 19 That's the IR nurse's responsibility? 20 A. Yes. 21 Q. Number 3, Setting up the patient, 22 that's self-explanatory. 23 Number 4 says, Go through the invasive 24 checklist in Epic, begin navigator. 25 What does that mean?</p>

<p style="text-align: right;">Page 34</p> <p>1 A. That is the invasive checklist we go 2 through. It documents the -- who's in the room. 3 It documents if the patient has -- is on any 4 blood thinners, that we check the medications, 5 that the patient hasn't eaten or drank. It's 6 basically a checklist for all the procedures we 7 do. 8 Q. Okay. And then next it says, Explain 9 the procedure to the patient. 10 Is that the job of the IR nurse? 11 MS. SHANNON: Object to the form. 12 THE WITNESS: Huh? Oh. We do -- we do 13 talk to the patient about the procedure. 14 BY MR. WILHELM: 15 Q. So do you do that in all of your 16 thoracentesis; you explain the procedure to the 17 patient? 18 A. Yes. 19 MS. SHANNON: Object to the form. 20 MR. WILHELM: Okay. So -- okay. Now, 21 Laurie and Jenny, you guys can object to the 22 forms all you want, but you know those 23 objections to form are preserved under the rules 24 of procedure, so you don't need to. You can 25 continue to do it if you'd like, but they are</p>	<p style="text-align: right;">Page 36</p> <p>1 yeah. Sorry. 2 Q. No problem. 3 And then next, 6, Set up sterile tray, 4 including dropping additional supplies as 5 needed-wearing a surgical mask. 6 Is that the nurse's duty? 7 A. Yes. 8 Q. Okay. And then 7, Call the radiologist 9 and/or PA for procedure. 10 So as the -- in your experience of 11 doing this, do you go through this checklist or 12 do the things that you need to do and then call 13 the proceduralist in or is the proceduralist in 14 the room when you're doing the things that you 15 need to do preprocedure? 16 A. The proceduralist is usually in the 17 room. 18 Q. Because number 5 and number 7, would 19 you agree -- or number 5 suggests that it's 20 going to be done before number 7, right? 21 MS. WEED: Well, object to the form. 22 You can answer that. That's a confusing 23 question. 24 THE WITNESS: What do you mean? The 7 25 should be before -- what's the question?</p>
<p style="text-align: right;">Page 35</p> <p>1 preserved if you check the rules. 2 MS. SHANNON: That was my objection to 3 the form. I thought we had usual stipulations, 4 so I thought all objections other than form are 5 preserved and form objections need to be made. 6 That's my understanding of usual stipulations, 7 but if you have a different understanding, we 8 can -- 9 MS. WEED: That's my understanding of 10 the usual stipulations. 11 MR. WILHELM: All right. I understand 12 what you're saying now. I'm just saying under 13 rule 30, they're -- they're automatically 14 preserved. 15 BY MR. WILHELM: 16 Q. All right. And then number 5, it says, 17 Scan patient's posterior chest and mark the 18 lowest rib space with the location of largest 19 area of fluid with marker. 20 Do you see that? 21 A. Yes. 22 Q. Is that what the IR nurse does? 23 A. No. 24 Q. Who does that? 25 A. The provider -- the proceduralist,</p>	<p style="text-align: right;">Page 37</p> <p>1 BY MR. WILHELM: 2 Q. Okay. So maybe you've answered. 3 You're saying that the -- when you're going 4 through this preprocedure, the proceduralist is 5 usually in the room? 6 A. Yeah. 7 Q. Okay. All right. And then we'll go to 8 the next section where it says procedure, number 9 1, Ensure consent is filled out and signed after 10 the radiologist/PA explains the procedure to the 11 patient. 12 Do you see that? 13 A. Yes. 14 Q. So in your experience, does the 15 proceduralist explain the procedure to the 16 patient? 17 A. Yes. 18 Q. Is that in addition to the explanation 19 by the nurse which we -- which is referenced 20 above that we discussed? 21 A. Yes. 22 Q. Okay. And it says, Ensure consent. Is 23 that the same -- you spoke a few moments earlier 24 about the consent. Is that ensuring the consent 25 again? Or who is ensuring the consent there?</p>

<p style="text-align: right;">Page 38</p> <p>1 A. Let's see, it's a conversation that we</p> <p>2 have with the proceduralist and the nurse.</p> <p>3 Q. Okay. Talking amongst yourselves to</p> <p>4 confirm that somebody's -- or to make sure</p> <p>5 somebody's confirmed consent?</p> <p>6 A. Yes.</p> <p>7 Q. And then number 2, Perform radiology</p> <p>8 timeout in Epic.</p> <p>9 Can you explain what that is?</p> <p>10 A. The timeout is when you pause right</p> <p>11 before the start of a procedure to ensure that</p> <p>12 you have the correct patient, name, date of</p> <p>13 birth, correct laterality --</p> <p>14 Q. Correct what?</p> <p>15 A. -- consent. Laterality, the side in</p> <p>16 which they're going to tap. And we do -- we</p> <p>17 also talk about the lab values and the</p> <p>18 medications, if they were held, and then consent</p> <p>19 is then again made sure. That's part of it as</p> <p>20 well, I believe.</p> <p>21 Q. Okay. So it says, Perform radiology</p> <p>22 timeout in Epic.</p> <p>23 Are you as the nurse putting that</p> <p>24 information into Epic at the same time you're</p> <p>25 doing what you just said you're doing or --</p>	<p style="text-align: right;">Page 40</p> <p>1 adaptor)/connecting tube setup.</p> <p>2 Explain to me what all that means.</p> <p>3 A. Let's see, one of the items that we</p> <p>4 drop onto the tray is a connector tubing and the</p> <p>5 5 in 1 connector, and they put the 5 in 1</p> <p>6 connector into the end of the connecting tube.</p> <p>7 And on the other side, there's a</p> <p>8 little -- it's called a stopcock, and it has an</p> <p>9 off-and-on position.</p> <p>10 Q. Okay. Whose job is that? Is it the IR</p> <p>11 nurse or the proceduralist?</p> <p>12 A. The proceduralist.</p> <p>13 Q. Okay. And then number 6, do you see</p> <p>14 that?</p> <p>15 A. Yes.</p> <p>16 Q. Who's responsible for number 6, the IR</p> <p>17 nurse or the proceduralist?</p> <p>18 A. Let's see, that's -- they kind of hand</p> <p>19 off the end -- end of the connection tubing to</p> <p>20 the nurse. And we put it together, and then the</p> <p>21 nurse would start the suction on the Neptune.</p> <p>22 Q. Okay. And then number 7, do you see</p> <p>23 number 7?</p> <p>24 A. Yes.</p> <p>25 Q. And whose role -- who does number 7,</p>
<p style="text-align: right;">Page 39</p> <p>1 A. We have bedside -- we have a computer</p> <p>2 on wheels.</p> <p>3 Q. Okay.</p> <p>4 A. So the chart is open, and we can go</p> <p>5 through it at the time --</p> <p>6 Q. Gotcha.</p> <p>7 A. -- as well.</p> <p>8 Q. Okay. And number 3 is</p> <p>9 self-explanatory.</p> <p>10 Number 4, Assist doctor/physician</p> <p>11 assistant with drawing up the lidocaine. Okay.</p> <p>12 The next, it says, Ultrasound tech will</p> <p>13 assist doctor during the procedure as needed.</p> <p>14 Do you see that?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. Is an ultrasound tech always in</p> <p>17 the procedure room based upon your experience?</p> <p>18 A. Not at Muhlenberg.</p> <p>19 Q. Have you participated in thoracentesis</p> <p>20 procedures where an ultrasound tech has been</p> <p>21 present?</p> <p>22 A. Not that I can recall.</p> <p>23 Q. All right. Number 5, Before hooking</p> <p>24 the tubing to the patient end of the sterile 5-1</p> <p>25 connector (Christmas tree tube</p>	<p style="text-align: right;">Page 41</p> <p>1 the proceduralist or the IR nurse?</p> <p>2 A. The nurse.</p> <p>3 Q. All right. And then on the second</p> <p>4 page, do you see where it says postprocedure?</p> <p>5 A. Yes.</p> <p>6 Q. And there are 10 items listed there?</p> <p>7 A. Yes.</p> <p>8 Q. Item number 1, can you read that to</p> <p>9 yourself?</p> <p>10 A. Yes.</p> <p>11 Q. Is that an IR nurse's job?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And how about number 2, reading</p> <p>14 that to yourself, I guess that's</p> <p>15 self-explanatory. You would do that if the</p> <p>16 proceduralist had not done that, correct?</p> <p>17 A. Correct.</p> <p>18 Q. Number 3 is self-explanatory.</p> <p>19 Number 4, that's pretty</p> <p>20 self-explanatory. I don't have any questions</p> <p>21 there.</p> <p>22 Number 5?</p> <p>23 A. Yes.</p> <p>24 Q. What's the -- what's that stating</p> <p>25 there? So if outpatient, the patient is to be</p>

<p style="text-align: right;">Page 42</p> <p>1 observed by the ultrasound nurse?</p> <p>2 Let me back up and ask a question. As</p> <p>3 the IR nurse, if it's an outpatient procedure,</p> <p>4 are you responsible for observing the patient?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. Number 6, excuse me, that's</p> <p>7 self-explanatory.</p> <p>8 Number 7, Prepare lab specimens for</p> <p>9 transport-if labs ordered.</p> <p>10 Do you see that?</p> <p>11 A. Yes.</p> <p>12 Q. What role does the IR nurse play in</p> <p>13 that?</p> <p>14 A. We identify the specimens. We prepare</p> <p>15 them to be sent to the lab, so we place those</p> <p>16 lab specimen stickers on the tubes, and we have</p> <p>17 to initial them, date them, and time them. And</p> <p>18 if they need that cytology, the cytology form</p> <p>19 would be printed and placed with it, and then we</p> <p>20 would send it through our TransLogic tube to the</p> <p>21 lab.</p> <p>22 Q. What's a TransLogic tube?</p> <p>23 A. Oh, like a pneumatic tube.</p> <p>24 Q. Okay. Number 8, do you see the number</p> <p>25 8?</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. And that's the IR's responsibility?</p> <p>2 A. Yes.</p> <p>3 Q. Now, this document that we just went</p> <p>4 over, based upon your experience, does that</p> <p>5 fairly and accurately summarize the procedure</p> <p>6 that's done at Lehigh Valley-Muhlenberg?</p> <p>7 A. Yes.</p> <p>8 Q. Is there anything on there that's</p> <p>9 missing that you -- that you would characterize</p> <p>10 as significant based on your experience?</p> <p>11 A. No.</p> <p>12 MR. WILHELM: All right. Why don't we</p> <p>13 take a five-minute break? I think we're halfway</p> <p>14 through, and we'll take five minutes at this</p> <p>15 point.</p> <p>16 (Short recess was taken.)</p> <p>17 BY MR. WILHELM:</p> <p>18 Q. Ms. Unser, do you know Amanda</p> <p>19 Lieberman?</p> <p>20 A. Yes.</p> <p>21 Q. And how do you know her?</p> <p>22 A. She is a physician assistant.</p> <p>23 Q. Where?</p> <p>24 A. That I work with.</p> <p>25 Q. Okay.</p>
<p style="text-align: right;">Page 43</p> <p>1 A. Yes.</p> <p>2 Q. What's that?</p> <p>3 A. That is basically telling -- we have</p> <p>4 biohazard bags that the specimens go in and with</p> <p>5 the accompanied lab slips. And those are the</p> <p>6 tube numbers. Those are Cedar Crest numbers.</p> <p>7 That's the -- it has, like, a keypad where you</p> <p>8 type in where the sample goes to.</p> <p>9 Q. Okay.</p> <p>10 A. So the lab must be number 7 and number</p> <p>11 31.</p> <p>12 Q. Okay. Number 9, do you see number 9?</p> <p>13 A. Yes.</p> <p>14 Q. Put 1 patient sticker on invasive --</p> <p>15 what is that? Quality assurance sheet?</p> <p>16 A. Yeah.</p> <p>17 Q. And have outpatient take tech aide scan</p> <p>18 consent form into Epic.</p> <p>19 What's number 9 telling the IR nurse to</p> <p>20 do?</p> <p>21 A. Number 9 does not apply to Muhlenberg.</p> <p>22 Q. Okay. And then number 10, Clean up the</p> <p>23 Neptune.</p> <p>24 Do you see that?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 45</p> <p>1 A. Lehigh Valley Hospital.</p> <p>2 Q. And how long have you known her?</p> <p>3 A. About eight years.</p> <p>4 Q. Okay. And approximately how frequently</p> <p>5 do you work with her?</p> <p>6 A. Once a week.</p> <p>7 Q. Okay. For a full day?</p> <p>8 A. Yes.</p> <p>9 Q. Do you have any contact with her or</p> <p>10 socialize with her outside of work?</p> <p>11 A. No.</p> <p>12 Q. Okay. Have you -- since you work with</p> <p>13 her, have you had the opportunity to observe her</p> <p>14 perform various procedures, medical procedures?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And have you assisted on some of</p> <p>17 those procedures?</p> <p>18 A. Yes.</p> <p>19 Q. Have you ever been asked by anybody at</p> <p>20 Lehigh Valley to critique or evaluate her work?</p> <p>21 A. No.</p> <p>22 Q. Have you heard people talk about her</p> <p>23 professional reputation and experience and</p> <p>24 knowledge, et cetera -- strike et cetera.</p> <p>25 That's bad.</p>

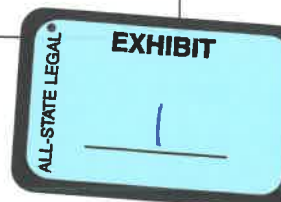
<p style="text-align: right;">Page 50</p> <p>1 transcript?</p> <p>2 A. No.</p> <p>3 Q. Other than your attorney, has anyone</p> <p>4 told you what his deposition testimony was?</p> <p>5 A. No.</p> <p>6 Q. When's the last time that you saw him</p> <p>7 and spoke with him?</p> <p>8 A. Two weeks ago.</p> <p>9 Q. Was that at work?</p> <p>10 A. Yes.</p> <p>11 Q. And do you have any interaction with</p> <p>12 him outside of work?</p> <p>13 A. No.</p> <p>14 Q. Okay. So Diane Helen Raymond is the</p> <p>15 decedent in this case, the estate of Diane Helen</p> <p>16 Raymond. Do you know who she is?</p> <p>17 A. No.</p> <p>18 Q. Okay. Do you know who Jack Raymond is?</p> <p>19 A. No.</p> <p>20 Q. Do you know if Diane Raymond was a</p> <p>21 patient at Lehigh Valley-Muhlenberg at all?</p> <p>22 A. No.</p> <p>23 Q. You don't know or no, she was not a</p> <p>24 patient?</p> <p>25 A. I guess I'm kind of -- I guess I'm</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. Okay. Have you looked at any records</p> <p>2 from the hospital regarding Diane Raymond before</p> <p>3 today?</p> <p>4 A. No.</p> <p>5 (Unser Exhibit 2 was marked for</p> <p>6 identification.)</p> <p>7 BY MR. WILHELM:</p> <p>8 Q. So if you take a glance at Exhibit 2.</p> <p>9 A. Yes.</p> <p>10 Q. Do you know what Exhibit 2 is starting</p> <p>11 at the -- toward the bottom of the page where it</p> <p>12 says procedure by Amanda Lieberman?</p> <p>13 A. Yes.</p> <p>14 Q. Have you seen -- and then spilling over</p> <p>15 to the next page?</p> <p>16 A. Okay.</p> <p>17 Q. Have you seen that document previously?</p> <p>18 A. No.</p> <p>19 MS. WEED: Scott, I need to clarify.</p> <p>20 This was attorney-client, but she has seen her</p> <p>21 records and I believe this report, and that's</p> <p>22 it.</p> <p>23 MR. WILHELM: Okay.</p> <p>24 THE WITNESS: Uh-huh.</p> <p>25 (Unser Exhibits 3 through 8 were marked</p>
<p style="text-align: right;">Page 51</p> <p>1 confused by the question.</p> <p>2 Q. Okay. That's fine. I'm going to --</p> <p>3 let's do it this way.</p> <p>4 You -- what do you know -- just</p> <p>5 generally tell me what you know about Diane</p> <p>6 Helen Raymond.</p> <p>7 MS. WEED: Object to the form. You can</p> <p>8 answer that. Go ahead.</p> <p>9 THE WITNESS: I know of her because of</p> <p>10 the paperwork. I don't remember her per se.</p> <p>11 BY MR. WILHELM:</p> <p>12 Q. Okay. Right. And you --</p> <p>13 A. If that's what you meant.</p> <p>14 Q. Okay. That's fine.</p> <p>15 And you -- so I'm going to represent to</p> <p>16 you -- please accept these representations as</p> <p>17 true -- that Ms. Raymond was a patient at Lehigh</p> <p>18 Valley-Muhlenberg for a thoracentesis procedure</p> <p>19 on March 8th, 2018. Okay?</p> <p>20 A. Okay.</p> <p>21 Q. Now, based upon that and based upon the</p> <p>22 fact that you were requested to have your</p> <p>23 deposition taken, does that jog your memory at</p> <p>24 all about Diane Helen Raymond?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 53</p> <p>1 for identification.)</p> <p>2 BY MR. WILHELM:</p> <p>3 Q. And then look -- take a quick look at</p> <p>4 Exhibits 3 through 8.</p> <p>5 A. Okay. Yes.</p> <p>6 Q. Would you agree that your name is</p> <p>7 referenced on those exhibits?</p> <p>8 A. Yes.</p> <p>9 Q. And would you agree that those exhibits</p> <p>10 appear to be some records related to</p> <p>11 Ms. Raymond?</p> <p>12 A. Yes.</p> <p>13 Q. So this is more for -- this is for</p> <p>14 clarification. I'm not trying to pester you</p> <p>15 here.</p> <p>16 You do not have -- is it fair to say</p> <p>17 you do not have any independent recollection of</p> <p>18 providing care to Ms. Raymond on March 8th,</p> <p>19 2018?</p> <p>20 A. Correct.</p> <p>21 Q. Okay. Now, after looking at these</p> <p>22 exhibits and speaking with your attorney, do you</p> <p>23 acknowledge that you did participate as the IR</p> <p>24 nurse during Ms. Raymond's March 8, 2018,</p> <p>25 thoracentesis?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. Yes.</p> <p>2 Q. Ms. Raymond had a thoracentesis on</p> <p>3 February 5, 2018. Did you participate in that</p> <p>4 procedure?</p> <p>5 A. Yes.</p> <p>6 MS. WEED: February -- listen to the</p> <p>7 question. It's a different date.</p> <p>8 THE WITNESS: Oh, okay.</p> <p>9 BY MR. WILHELM:</p> <p>10 Q. Yes. This is not a trick question.</p> <p>11 I'm going to tell you this. I don't believe you</p> <p>12 participated in her February 5, 2018, procedure.</p> <p>13 A. Sorry.</p> <p>14 Q. That's okay.</p> <p>15 Do you believe you did?</p> <p>16 A. No.</p> <p>17 Q. Okay. So during this procedure, you</p> <p>18 said you don't have any independent</p> <p>19 recollection. Do you know who --</p> <p>20 A. Correct.</p> <p>21 Q. Do you know who performed the</p> <p>22 procedure? We're talking March 8th.</p> <p>23 A. Looking at the paperwork, Amanda</p> <p>24 Lieberman did.</p> <p>25 Q. And looking at the paperwork, you were</p>	<p style="text-align: right;">Page 56</p> <p>1 located?</p> <p>2 A. At the nurse's desk.</p> <p>3 Q. Besides telling you what proceduralist</p> <p>4 did the procedure, does it say what other</p> <p>5 medical people -- anybody else who was</p> <p>6 assisting?</p> <p>7 A. What was that last part?</p> <p>8 Q. Sure. Besides saying who the</p> <p>9 proceduralist is, does the logbook indicate who</p> <p>10 else participated in it? Like the IR nurse,</p> <p>11 does it identify that person?</p> <p>12 A. Oh, no. In our charting, we put who</p> <p>13 was in the room.</p> <p>14 Q. Okay. Where do you chart who was in</p> <p>15 the room?</p> <p>16 A. Under the staff. There's a staff tab</p> <p>17 in our navigator.</p> <p>18 Q. And who is responsible for charting</p> <p>19 that? Is it the IR nurse or is it somebody</p> <p>20 else?</p> <p>21 A. The nurse, the IR nurse.</p> <p>22 Q. Okay. So have you looked at that</p> <p>23 document before today to see who else was in the</p> <p>24 room during this procedure?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 55</p> <p>1 there, right?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. And based on any paperwork that</p> <p>4 you've reviewed before today, do you know who</p> <p>5 else, if anybody, was present during the</p> <p>6 procedure?</p> <p>7 A. I don't remember.</p> <p>8 Q. Okay. Do you know if Dr. Hoffman was</p> <p>9 present during the procedure?</p> <p>10 A. I don't remember.</p> <p>11 Q. Okay. So if I were to ask you -- if I</p> <p>12 give you a task and you had to do this task and</p> <p>13 I said go find out who else was in the procedure</p> <p>14 room, if anybody, where would you look for that?</p> <p>15 A. I would look in -- in the chart.</p> <p>16 Q. Okay. Is there any -- in Ms. Raymond's</p> <p>17 medical chart, right?</p> <p>18 A. Yes.</p> <p>19 Q. Is there some other chart you would</p> <p>20 look at?</p> <p>21 A. We have a logbook.</p> <p>22 Q. Okay.</p> <p>23 A. But -- and that would tell me who did</p> <p>24 the procedure.</p> <p>25 Q. Okay. And where is that logbook</p>	<p style="text-align: right;">Page 57</p> <p>1 Q. Has anybody told you before today who</p> <p>2 else was in the room?</p> <p>3 A. No -- you mean --</p> <p>4 MS. WEED: Other than your attorney.</p> <p>5 THE WITNESS: No.</p> <p>6 BY MR. WILHELM:</p> <p>7 Q. All right. So you believe your -- I</p> <p>8 want to make sure I understand this because I'm</p> <p>9 going to be making a request of your attorney --</p> <p>10 that there is a logbook which will identify the</p> <p>11 proceduralist who performed the procedure, and</p> <p>12 then there is a staff tab which will identify</p> <p>13 who else was in the room?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. So I will be making that formal</p> <p>16 request to Ms. Weed.</p> <p>17 MS. WEED: And, Scott, can you send</p> <p>18 that to me in writing?</p> <p>19 MR. WILHELM: I certainly will. This</p> <p>20 is something I've been chasing Good Shepherd for</p> <p>21 for months, and I think Good Shepherd could</p> <p>22 answer that question for me too, but they</p> <p>23 haven't.</p> <p>24 BY MR. WILHELM:</p> <p>25 Q. So I want you to take a moment to</p>

EXHIBIT "G"

**LEHIGH VALLEY HOSPITAL
DEPARTMENT OF ULTRASOUND PROTOCOLS**

SECTION	PROTOCOL	PAGE
<i>Invasive Ultrasound</i>	Ordering Labs Lab specimen protocol	1 & 2
	Lab Values/Medication Guidelines For Invasive Procedures	3 & 4
	Ankle Injection for Tarsal Tunnel Syndrome	5
	Compression of Pseudoaneurysm	6
	Hip Injection (iliopsoas bursa for medial snapping hip syndrome)	7 & 8
	Liver Biopsy (random)	9
	Liver Biopsy (mass)	10
	Lymph node/ Parotid Bx	11
	MSK injection for Pediatric Patients of Dr. Bingham	12
	Paracentesis	13 & 14
	Prostate Biopsy	15
	Renal Biopsy Native & Renal Tx Biopsy	16 & 17
	Thoracentesis	18 & 19
	Thrombin injection	20
	Thyroid Biopsy	21
	Ultrasound guide pain injections with Dr. Patel	22
	Neptune – set up and docking protocols	23
	Canister setup and disposal protocol	24
	Basic sterile Bx tray setup and clean up protocol	25
	sterile Bx tray setup and clean up protocol for any type of neck bx	25
	Bx guide bracket cleaning protocol	26



THORACENTESIS: suction regulator SHOULD BE set to: 100 MM MERCURY

Items needed prior to procedure:

Supplies:

- 1- sterile tray
- 1- "short" yuehcentesis needle (5f, 7cm)
- 1- Pre-filled 10 ml buffered 1% Lidocaine syringe
- 1- 3 ml Chloraprep
- 1- Marker-*one use only*
- 1- Neptune and Manifold – **** (4 canister roll stand and 6ft. of bubble tubing *only* if a Neptune is unavailable) ****
- 1- Bubble tubing – (Neptune- **at least-half a bubble at one end, 1 full bubble in the middle and 1/2 of a bubble at the other end**) (if Canisters - **at least-half a bubble at one end/ 1 full bubble in the middle and 1/3 of a bubble at the other end**)
- 1- 5-1 connector (Christmas tree tube adapter)
- 1- Connecting tube
- 2- 60 ml syringe- **if labs are requested**
- 1- Lab fluid transfer device- **if labs are requested**
- 1- purple top tube- **if labs requested**
- 2- red top tubes- **(number of tubes depends on labs requested)**
- 1- 100 ml sterile specimen cup
- 1- Small red trash bag

Paperwork: Consent form/ Pt stickers/ Pt script (*script/Order will be in paper form, if from out of network provider and scanned into EPIC*) Lab stickers and NON gyn cytology form (*from EPIC, if ordered*)

EPIC Chart: normal PT, PTT, platelets, INR - *according to lab value and medication guidelines/ Pt script (order) post orders will be entered in EPIC by the Radiologist/PA*

Patient Prep: Pt does not need to be NPO; stop blood thinners according to *lab value and medication guidelines*

Procedure performed by: PA or Radiologist

Other support staff: nurse to start an IV (if necessary)

Pre Procedure:

1. Set up Neptune - **** SEE NEPTUNE SET UP PROTOCOL ON PAGE 23 **** - (If a Neptune is unavailable, use the 4 canister roll stand system- **** SEE CANISTER SET UP PROTOCOL on page 24 ****)
2. Bring the patient into the room
3. Sit patient up on side of bed with arms resting on tray table (*if they are able to do so, otherwise patient will have to be rolled on the appropriate side*)
4. Go through the invasive check list in EPIC begin navigator. Explain the procedure to the patient.
5. Scan patient's posterior chest and mark the lowest rib space with the location of largest area of fluid with marker.
6. Set up sterile tray, including dropping additional supplies as needed – wearing a surgical mask
7. Call the Radiologist and/or PA for procedure

Procedure:

1. Ensure consent is filled out and signed after the Radiologist/PA explains the procedure to the patient.
2. Perform radiology time out in EPIC
3. All present to perform the procedure must wear a surgical mask
4. Assist Doctor/PA with drawing up lidocaine/ US tech will assist Doctor/PA during procedure as needed
5. Before hooking the tubing to the patient end of the sterile 5-1 connector (Christmas tree tube adapter) /connecting tube setup (**Radiologist/PA should insure stopcock is in a "closed" position when hooking up to suction**)
6. Once the bubble tubing is connected to the patient, press **start suction** on the back touch screen, lower left, of the Neptune.
7. Tape the upper portion of the middle bubble in the suction tubing to the tray table (*or patient's stretcher side rail, if patient is rolled on their side.*)

THORACENTESIS – continued:

Post procedure:

1. When done and catheter is removed from the patient, remove the manifold from the Neptune (by turning the manifold to the left) and throw the bubble tubing, connecting tube, connector and yuehcentesis catheter in the clear trash.
2. Clean and dress the patients puncture site, if the Radiologist/PA did not already.
3. Assist patient back on to the stretch or onto their back.
4. Patient will get a post thoracentesis **chest x-ray (inspiration/expiration)**, if patient exhibits symptoms concerning for a pneumothorax. The Chest x-ray would be ordered by Radiologist/PA. *If the chest X-ray is ordered before 3pm, the X-ray will be done portable in US Department. If ordered after 3pm, patient is to be transported to the X-ray department for the chest X-ray.*
5. If outpatient, the patient is to be observed by US nurse. If inpatient, the patient can be sent back to room following X-ray (if X-ray done).
6. Post-procedure orders will be entered by Radiologist/PA in EPIC
7. Prepare lab specimens for transport **–if labs ordered **SEE LAB SPECIMEN PROTOCOL ON PAGE 2****
8. Tube specimens in biohazard bag with slips to rapid response (#7 or # 31) - **if labs drawn**
9. Put 1 patient sticker on invasive QA sheet and have outpatient tech aide scan consent form into EPIC
10. clean up/docking the Neptune - **** SEE NEPTUNE DOCKING PROTOCOL ON PAGE 23 **** - (If using the 4 canister roll stand system- **** SEE CANISTER DISPOSAL PROTOCOL on page 24 ****)

Miscellaneous: ***inpatients are transported back to floor for monitoring by floor nurse after Procedure. If chest x-ray is needed, patient will be transported after chest x-rays are cleared by a Radiologist***

****Neptune or wall suction level should be checked prior to connection for every patient****

EXHIBIT "H"



GRADUATE SCHOOL of MEDICINE

May 24, 2021

Radiology Residency Program

1924 Alcoa Highway
Knoxville, TN 37920
Office: 865-305-8685

Scott Wilhelm, Esq.
Winegar, Wilhelm, Glynn & Roemersma, P.C.
PO Box 800
305 Roseberry St.
Phillipsburg, NJ 08865

Re: Estate of Diane Helen Raymond v Amanda Lieberman, et al
Civil Action: 20-CV-959 in the United States District Court for the Eastern District of Pennsylvania

Dear Mr. Wilhelm,

I, Bradley Robert Pollard, JD, MD, am a licensed physician with board certification in Interventional Radiology and Diagnostic Radiology. I have been retained by the Plaintiff to opine whether Amanda R. Lieberman, PA-C, followed the interventional radiology standard of care in performing a thoracentesis in the above referenced case.

I am familiar with the standard of care for performing a thoracentesis by virtue of my education, training, experience, and knowledge.

I have reviewed the following materials provided to me regarding the care of Diane Raymond: (1) the depositions of Amanda Lieberman PA-C, Errin Hoffman, MD, Carin Minchew, PA-C, Sandra Kentner, RN, Nancy Nieves, RT, Maureen Unser, RN, Carole Rottman, CRNP, Brandi McMillian-Goodwin, RN, and John Raymond, (2) the Amended Complaint and Answers filed for this case, (3) the Local Registrar's Certificate of Death For Diane Raymond, (4) the Autopsy Report for Diane Raymond, (5) the Affidavits of Merit filed for this case, and (5) Medical Records from Diane Raymond's care at Good Shepherd Specialty Hospital (GSSH) and Lehigh Valley Hospital (LVHN) which are listed in Appendix A.

Diane Raymond was a 76-year-old female with multiple chronic medical conditions. Her past medical history included breast cancer, hypothyroidism, chronic obstructive pulmonary disease, coronary artery disease, gastroesophageal reflux disease, hypertension, deep venous thrombosis, decubitus ulcer, and carotid artery stenosis. None of these medical conditions are relevant to the standard of care for a thoracentesis in this case. Furthermore, nothing in Ms. Raymond's medical history precluded a thoracentesis if her treating providers believed a thoracentesis was medically appropriate.

Ms. Raymond presented to Hunterdon Medical Center in December of 2017 where she was found to have a myocardial infarction. She was transferred to Morristown Medical Center for definitive treatment with a coronary artery bypass with graft procedure. After this procedure, despite multiple attempts, she was unable to be extubated. Ultimately, the decision was made to perform a tracheostomy placement. She was treated for ventilator dependent respiratory failure until her death. This care was primarily done at a long-term acute care facility, Good Shepherd Specialty Hospital.

During the months preceding her death, Ms. Raymond was evaluated by pulmonary and critical care providers regarding treatment of her respiratory failure. Imaging obtained during this time demonstrated that Ms. Raymond at varying times had pleural effusions, pneumonia, and pulmonary edema. She underwent a right thoracentesis on 2/5/2018 which improved the right pleural effusion and was without known complication.

During her last stay at Good Shepherd, she was again seen by the pulmonary medicine team who indicated that she had a recurrent right pleural effusion. They suggested a repeat right thoracentesis. The order for the thoracentesis was placed. Nothing in the records indicate any concerns by her providers that she would be not able to tolerate the procedure.

On the morning of 3/8/2018, at approximately 0925 hours, Ms. Raymond was transported from GSSH to interventional radiology at Lehigh Valley Hospital accompanied by a nurse and respiratory therapist. The procedure notes report a right thoracentesis being performed from 0930-1009 hours. The procedure was performed by Amanda Lieberman, PA-C who reports that when she first tried to aspirate pleural fluid that she drew 50 cc of dark blood. She then reports that the fluid cleared with approximately 1000 cc of yellow fluid following the initial dark blood. There is some variation in the characterization of the aspirated pleural fluid. In reviewing the clinical notes and depositions listed above, the total amount of non-yellow pleural fluid was listed as 50-100 cc. The initial fluid was described by different people as dark blood, red, dark old blood, bloody fluid, and dark red blood. After seeing the initial fluid, Ms. Lieberman requested the nurse to ask the attending interventional radiologist, Errin Hoffman, MD, to come to the room. At the time of his appearance, the fluid had cleared to a yellow color. No additional interventions or changes to the procedure were made.

After the procedure, Ms. Raymond was transferred back to her room at Good Shepherd. She had a post procedure radiograph showing no pneumothorax or other complication. Initially, Ms. Raymond was in no acute distress after the procedure. At 1129 hours that morning, nurse practitioner Rauttmann, reports: "IR PA called to relate 50 cc of dark old blood was initially aspirated. Will monitor for signs or symptoms of hemothorax." At approximately 1145 hours, Ms. Raymond was noted to be lethargic with dizziness. A blood pressure was obtained with reading at 83/58.

By 1330 hours, her systolic blood pressures were as low as the 70s. She received a 750 mL fluid bolus and was placed in Trendelenburg position. At around the same time, a critical hemoglobin level was received which had been drawn after the procedure. The hemoglobin had decreased from 7.6 prior to the procedure to 5.7 after the procedure. The interventional radiology physician's assistant, Carin Minchew, was called by the ICU staff. She suggested getting an immediate CT scan. Providers at this time refer to her abdominal physical exam as distended and pale blue in color. A bedside ultrasound was performed reportedly demonstrating abdominal free fluid.

A rapid response was called at 1450 hours due to, among other things, hypotension, the drop in hemoglobin, and the lack of improvement of her blood pressure despite intervention. She was then transferred to the medical intensive care unit at LVHN arriving at 1544 hours. She was admitted by Daniel A. Schwed-Lustgarten with "post-operative hemorrhagic shock." At the same time, Wayne A. Martini, MD, an emergency medicine resident, wrote in the history and

physical that "in the setting of new acute onset anemia, worsening hypotension, blue distended abdomen following IR intervention with thoracentesis, patient most likely has to have a liver laceration or other source of intra-abdominal hemorrhage." Shortly thereafter, at approximately 1622 hours, Kina T. Hill-Francis, MD, records her impression of Ms. Raymond as "acute hypovolemic shock s/p left thoracentesis - presumed peritoneal bleed."

At 1640 hours, a code blue was started after Ms. Raymond deteriorated to pulseless electrical activity. At 1703 hours, she died after the code was ended without spontaneous return of circulation.

At approximately 2027 hours, Dr. Schwed-Lustgarten reports that the "clinical picture was consistent with hemorrhagic shock, iatrogenic, after right thoracentesis."

On the Certificate of Death dated 3/12/2018, the sole cause of death listed was: "Hemorrhagic shock." A limited autopsy was performed on 3/9/2018. The cause of death was deferred due to the limited autopsy. However, the autopsy did demonstrate a firm and tense abdomen. There was 400 mL of liquid hemorrhage within the liver parenchyma. There was a 350 gram clot over the anterior aspect of the right lobe of the liver. The total measured hemoperitoneum measured 750 mL. There were small volume hemothoraces measuring 50 and 100 mL on the right and left respectively.

With a reasonable degree of medical certainty, my opinions of this case address standard of care and causation. They are summarized as follows:

1. The standard of care for performing a thoracentesis by interventional radiology was violated in the thoracentesis performed by Ms. Lieberman.
2. Ms. Raymond's thoracentesis was not performed with live ultrasound. The thoracentesis was performed after marking the skin with ultrasound. However, Ms. Lieberman admits to not using live ultrasound for the procedure. Live ultrasound imaging during the procedure allows the operator to have direct visualization of exactly where the needle is going during entry. If live ultrasound is used, injury to adjacent organs can be excluded as the adjacent organs are visualized with the ultrasound. Not using live ultrasound for the procedure in this case is a violation of the standard of care.
3. Ultrasound was not used to evaluate the patient once blood or red fluid was seen during the thoracentesis. Ms. Lieberman states in her deposition that it was rare for her to have a physician present during a thoracentesis. She reports that physician presence was mainly during the training/credentialing process. Given this rarity of asking for a physician presence, the request for attending presence suggests a concern about the procedure that should have been further investigated. Ultrasound was in the room as it was used to mark the patient for the procedure. Ultrasound could have been used to evaluate the position of the thoracentesis catheter and the presence of any complication such as hepatic injury related to the procedure. The lack of further evaluation after the initial concern regarding the color of the thoracentesis fluid was a violation of the standard of care by both Ms. Lieberman and Dr. Hoffman.
4. Bleeding and damage to adjacent structures are known risks of the thoracentesis procedure. However, these risks are confined to the thoracic cavity. Iatrogenic injury

outside the thoracic cavity including the abdominal cavity during a thoracentesis is a violation of the standard of care.

5. The materials reviewed for this case are consistent with iatrogenic injury during the thoracentesis. The autopsy report identifies a significant amount of blood both in the liver and a blood clot adjacent to the liver. The liver is found within the right abdomen which is the same side as the thoracentesis performed in this case. There is no other plausible explanation to explain this bleeding. There is no history of recent trauma. There is no liver tumor. There is no other recent procedure performed to explain the bleeding. Pre-procedure liver laboratory values and imaging reveal no acute liver abnormality.
6. The vital signs, laboratory values, and clinical assessment of the providers of this case all are consistent with acute bleeding related to an iatrogenic injury from the thoracentesis. While initially stable, there was a progressive drop in the patient's blood pressure after the thoracentesis despite being given blood products, fluids, and medications to improve her blood pressure. There was an acute drop in the hemoglobin level when comparing this level before and after the procedure. Bedside ultrasound performed after the procedure demonstrated abdominal free fluid. Multiple clinicians report an acute clinical decline with a distended abdomen. The physicians in the ICU state Ms. Raymond most likely had abdominal/peritoneal injury after thoracentesis. The cause of death was listed as hemorrhagic shock.
7. I conclude, with a reasonable degree of medical certainty, that Amanda R. Lieberman's performance of an ultrasound-guided thoracentesis on Diane Helen Raymond on March 8, 2018, was not made in accordance with the medically-acceptable standard of care as she lacerated Mrs. Raymond's liver when she inserted the needle into Mrs. Raymond at the commencement of the thoracentesis procedure without employing live ultrasound.

I specifically reserve the right to amend or supplement this report if new information is revealed.

Respectively,



Bradley Pollard, J.D., M.D.
Assistant Professor of Radiology
University of Tennessee Medical Center

Appendix A

Medical Records Reviewed from Good Shepherd Specialty Hospital and Lehigh Valley Hospital

1. Admission History and Physical, progress notes, consultations, and discharge summary from admission to Good Shepherd from 1/22/2018-02/05/2018.
2. Operative Notes related to an arterial line placement and right thoracentesis dated 2/5/2018.
3. Progress Notes from Good Shepherd from 2/9/2018-02/28/2018.
4. Laboratory values and imaging results from hospitalization at LVH from 2/28/2018-03/05/2018.
5. Discharge Summary from LVH Muhlenberg dated 3/5/2018.
6. Pulmonary progress notes by Carole Rottman from Good Shepherd dated March 6, March 7, and March 8 of 2018.
7. Additional typed and handwritten progress notes from Good Shepherd progress notes dated 3/5/2018-3/08/2018.
8. Operative Note from thoracentesis dated 3/8/2018 including attending attestation.
9. Procedural Flowsheets, Invasive Procedure Checklist, Pre-Incision Documentation, Procedural Documentation, Intake/Output, and Closing Documentation from the thoracentesis recorded by Maureen Unser dated 3/8/2018.
10. Interventional Radiology PA progress note after thoracentesis dated 03/08/2018 at 1450 including attending attestation.
11. History and Physical from admission to medical intensive care unit at LVH-Muhlenberg with attending attestation dated 3/8/2018.
12. Operative Note related to an arterial line placement dated 3/8/2018.
13. Significant event and code blue notes from 3/8/2018.
14. Chest radiograph dictation from 3/8/2018 at 1615.
15. Blood products request dated 3/8/2018.
16. Lehigh Valley Hospital Department of Ultrasound Protocols.
17. Operative Note for a thoracentesis dated 2/5/2018.

EXHIBIT "I"

<p style="text-align: right;">Page 14</p> <p>1 A. 1981.</p> <p>2 Q. So from the time you graduated San Jose</p> <p>3 State in '80 to '81, did you work in California?</p> <p>4 A. Yes.</p> <p>5 Q. And what did you do?</p> <p>6 A. I worked in the emergency room.</p> <p>7 Q. Okay.</p> <p>8 A. At Kaiser Permanente.</p> <p>9 Q. Okay. And then you came here to</p> <p>10 Pennsylvania, and where did you start working?</p> <p>11 A. Lehigh Valley Hospital.</p> <p>12 Q. Around 1981?</p> <p>13 A. Yes.</p> <p>14 Q. In what department?</p> <p>15 A. PACU -- not PACU, PCCU, progressive</p> <p>16 coronary care.</p> <p>17 Q. What did you have to do to obtain your</p> <p>18 Pennsylvania nursing license?</p> <p>19 A. Apply and then send them all the</p> <p>20 transcripts and -- I don't know. They go</p> <p>21 between California and Pennsylvania. I don't</p> <p>22 know what they do.</p> <p>23 Q. When you applied, was your application</p> <p>24 accepted on the first application?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Yes.</p> <p>2 Q. And you were in the critical care unit,</p> <p>3 correct?</p> <p>4 A. Progressive care unit when I started,</p> <p>5 yes.</p> <p>6 Q. And how long were you in that unit?</p> <p>7 A. I don't know. Six months, a year, I --</p> <p>8 then I took the critical care course there, and</p> <p>9 then I went to special care unit there and</p> <p>10 worked there for a while. I don't know.</p> <p>11 Q. I'm sorry. Let me try and make this a</p> <p>12 little bit more clear.</p> <p>13 You started at Lehigh Valley in 1981.</p> <p>14 How long did you work at Lehigh Valley?</p> <p>15 A. Oh, okay. I worked there until 1989.</p> <p>16 Q. And then where did you go?</p> <p>17 A. Then I worked -- I worked -- I taught</p> <p>18 nursing for a year at the School of Nursing -- I</p> <p>19 should have brought my résumé.</p> <p>20 And then I did agency for a year or</p> <p>21 two, and then I worked at Sacred Heart Hospital</p> <p>22 for about five years. And then I went back to</p> <p>23 Lehigh Valley Hospital and worked there until --</p> <p>24 I worked there for about another five years from</p> <p>25 '95 to 2000.</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. Do you have to do continuing medical</p> <p>2 education?</p> <p>3 A. Yes.</p> <p>4 Q. How frequently?</p> <p>5 A. Every two years.</p> <p>6 Q. How many hours?</p> <p>7 A. Thirty.</p> <p>8 Q. And has your continuing medical</p> <p>9 education always been up-to-date in the last 40</p> <p>10 years?</p> <p>11 A. Yes.</p> <p>12 Q. Do you belong to any professional</p> <p>13 medical associations?</p> <p>14 A. Yes.</p> <p>15 Q. What are they?</p> <p>16 A. American Association of Critical Care</p> <p>17 Nurses.</p> <p>18 Q. And how long have you been affiliated</p> <p>19 with that association?</p> <p>20 A. 1987.</p> <p>21 Q. Okay. Any others?</p> <p>22 A. No. No.</p> <p>23 Q. So taking you back then to 1981 when</p> <p>24 you started at Lehigh Valley, was that a</p> <p>25 full-time job?</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Okay.</p> <p>2 A. And then we moved back to California</p> <p>3 for two years. And then I -- when I came back</p> <p>4 from California in 2001 -- well, 2002 I started</p> <p>5 working here, and I've been here since 2002.</p> <p>6 Q. And here being Good Shepherd, correct?</p> <p>7 A. Good Shepherd, yes.</p> <p>8 Q. When you went back to California around</p> <p>9 2000, 2001, did you work in the nursing field?</p> <p>10 A. Yes.</p> <p>11 Q. And, you know, you referenced a résumé.</p> <p>12 Would you be kind enough after the deposition to</p> <p>13 provide your résumé to your attorney?</p> <p>14 A. I guess. I have to --</p> <p>15 MR. WILHELM: I'll make a --</p> <p>16 MR. PITT: She can -- she can send it</p> <p>17 to the people that'll send it to me, so that's</p> <p>18 fine.</p> <p>19 MR. WILHELM: Great. Thank you very</p> <p>20 much.</p> <p>21 MR. PITT: Thank you.</p> <p>22 BY MR. WILHELM:</p> <p>23 Q. So you've been at Good Shepherd from</p> <p>24 2002 to the present, correct?</p> <p>25 A. Yes.</p>


<p style="text-align: right;">Page 18</p> <p>1 Q. And as an RN, and then in what 2 departments? 3 A. Well, there's only -- this is the only 4 department there is. This is it, yeah. 5 Q. And what is that? Critical care? 6 A. We're an LTACH, so there are 32 beds. 7 That's it. 8 Q. You said an LTACH? 9 A. Long-term acute-care facility, so 10 that's all there is here. 11 Q. Gotcha. And is this on Schoenersville 12 Road? 13 A. Yes. 14 Q. And is that in the Lehigh Valley Health 15 Network building? 16 A. Yes. 17 Q. And Good Shepherd occupies two floors, 18 I believe? 19 A. Yes. 20 Q. The third and fourth floor? 21 A. Yes. 22 Q. And that's where you've worked for 23 these past 19 years? 24 A. Yes. 25 Q. And has that 19 years been</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Well, officially I have been a 2 supervisor for about two years. They used to 3 call it a charge nurse, and I was in that role 4 also. But now they've changed that title to 5 supervisor and added on some more 6 responsibilities. 7 Q. Okay. And approximately how many 8 nurses are working there at Good Shepherd? 9 A. I don't know. Maybe about 80. I don't 10 know total night shift and day shift. I only 11 supervise the day shift weekday people and 12 the CNAs. 13 Q. Now, you said you've been a supervisor 14 for about two years from this date, so around 15 2019 sometime? 16 A. Yeah. I guess, yeah. 17 Q. So in March of 2018, which is a 18 relevant time period in this case, were you a 19 supervisory nurse at all? 20 A. I think I was -- they were technically 21 calling it the charge nurse at that point, but 22 yes. 23 Q. So you were a charge nurse in March of 24 2018? 25 A. Yes. Uh-huh.</p>
<p style="text-align: right;">Page 19</p> <p>1 uninterrupted? 2 A. Yes. 3 Q. And it's been full time, right? 4 A. Yes. 5 Q. So tell me what you do on -- what your 6 typical job responsibilities are, if typical's a 7 good word for it. 8 A. Well, I'm the supervisor, so usually 9 get report in the morning, check to make sure 10 everybody is getting through their assignments. 11 If anybody seems to need any assistance, then I 12 jump in and help them with that. 13 I take patients on transports to other 14 departments out of our unit. They go on 15 transports to Lehigh Valley, I take the patients 16 on their transports because they're going to 17 another facility. And then I cover for lunches. 18 Let's see, what else do? I get report 19 from the nurses. I just make sure the daily 20 operations are running smoothly. 21 Q. Okay. You said you're a supervisor. 22 Supervisor of what, the nursing staff? 23 A. Yes. 24 Q. And how long have you been the 25 supervisor?</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Is your -- to your knowledge, is the 2 name of your employer Good Shepherd Specialty 3 Hospital or is it another name? 4 A. It's Good Shepherd Rehabilitation 5 Hospital. I guess that's technically the 6 employer. 7 Q. On your pay stub, what is the name on 8 the pay stub? 9 A. Good Shepherd Rehabilitation Hospital. 10 Q. Okay. Thank you. 11 Do you have a supervisor? 12 A. I have the administrator. 13 Q. The nursing administrator? 14 A. Yes. 15 Q. And who is that person? 16 A. It would be Jessica Florkowski. 17 Q. Can you spell that for the court 18 reporter? 19 A. Let me get my phone so I can look. 20 MR. PITT: She's got to look up how to 21 spell it. 22 THE WITNESS: You know, to be accurate. 23 MR. PITT: Right. We respect that. 24 That's good. 25 THE WITNESS: F-L-O-R-K-O-W-S-K-I.</p>

<p style="text-align: right;">Page 22</p> <p>1 BY MR. WILHELM:</p> <p>2 Q. Thank you.</p> <p>3 And how long has she been the</p> <p>4 administrator?</p> <p>5 A. About two years.</p> <p>6 Q. Do you know who the administrator was</p> <p>7 in 2018, around March of 2018?</p> <p>8 A. Andrew Martin.</p> <p>9 Q. Is Andrew Martin still employed by Good</p> <p>10 Shepherd?</p> <p>11 A. No.</p> <p>12 MR. WILHELM: Terry, did you get the</p> <p>13 exhibits?</p> <p>14 MR. PITT: No, I didn't get any. My --</p> <p>15 apparently my e-mail system at work is screwed</p> <p>16 up.</p> <p>17 MR. WILHELM: Okay. So you don't --</p> <p>18 MR. PITT: If you sent them today, I</p> <p>19 didn't get them. Once they come -- the one or</p> <p>20 two that have come in today say it was sent at</p> <p>21 4:00 today, so something's screwed up at my</p> <p>22 office e-mail. And I know they're working on</p> <p>23 it, but I haven't gotten them.</p> <p>24 Could you send them to another e-mail,</p> <p>25 Scott?</p>	<p style="text-align: right;">Page 24</p> <p>1 A. Yeah.</p> <p>2 Q. Have you ever seen her outside of work?</p> <p>3 A. No.</p> <p>4 Q. How frequently do you see her at work?</p> <p>5 A. Infrequently, yeah.</p> <p>6 Q. Can you describe infrequently?</p> <p>7 A. Couple times a year.</p> <p>8 Q. What floor is the interventional</p> <p>9 radiology department?</p> <p>10 A. Second floor.</p> <p>11 Q. Has that been the case at least since</p> <p>12 March of 2018?</p> <p>13 A. Yes.</p> <p>14 Q. Is that where you have seen</p> <p>15 Ms. Lieberman, on the second floor?</p> <p>16 A. Yes. Yes.</p> <p>17 Q. Have you seen her on the third or</p> <p>18 fourth floors?</p> <p>19 A. No.</p> <p>20 Q. Have you ever worked with her on a</p> <p>21 patient specifically?</p> <p>22 A. Just for a procedure.</p> <p>23 Q. So you have. Can you give an estimate</p> <p>24 as to how many times you've worked with her?</p> <p>25 A. You know, I'm going to say maybe 10.</p>
<p style="text-align: right;">Page 23</p> <p>1 MR. WILHELM: Yes.</p> <p>2 MR. PITT: Tmpitt48@gmail.com.</p> <p>3 (Discussion held off the record.)</p> <p>4 BY MR. WILHELM:</p> <p>5 Q. Ms. Kentner, do you know who Amanda</p> <p>6 Lieberman is?</p> <p>7 A. Yes.</p> <p>8 Q. And how do you know her?</p> <p>9 A. She works at Lehigh Valley Hospital.</p> <p>10 Q. In what role?</p> <p>11 A. She's a PA in the interventional</p> <p>12 radiology department.</p> <p>13 Q. Is that how you know her?</p> <p>14 A. Yes.</p> <p>15 Q. How long have you known her?</p> <p>16 A. I don't know. She's worked there a</p> <p>17 couple years.</p> <p>18 Q. A couple. What do you mean by a</p> <p>19 couple?</p> <p>20 A. Two or three years.</p> <p>21 Q. Did you know her before she started</p> <p>22 working there?</p> <p>23 A. No.</p> <p>24 Q. If I asked you to describe her, would</p> <p>25 you be able to describe her?</p>	<p style="text-align: right;">Page 25</p> <p>1 10 times.</p> <p>2 Q. From the time that she started to the</p> <p>3 present, is that --</p> <p>4 A. Yes. Yes.</p> <p>5 MR. PITT: Scott, I received them.</p> <p>6 MR. WILHELM: Okay. So just quickly,</p> <p>7 we're going to go back to Exhibit 1, if you</p> <p>8 could just show her Exhibit 1.</p> <p>9 MR. PITT: Sure. She has it on my</p> <p>10 phone in front of her.</p> <p>11 (Exhibit 1 was marked for</p> <p>12 identification.)</p> <p>13 BY MR. WILHELM:</p> <p>14 Q. On Exhibit 1 on the second page, it</p> <p>15 appears to be your name on a signature sheet.</p> <p>16 Is that your name?</p> <p>17 A. Yes.</p> <p>18 Q. And that's your role, correct, RN?</p> <p>19 A. Yes.</p> <p>20 Q. And are those your initials and your</p> <p>21 signature?</p> <p>22 A. Yes.</p> <p>23 Q. Thank you.</p> <p>24 When you say you worked on procedures</p> <p>25 with Ms. Lieberman, what role do you play?</p>

EXHIBIT "J"

<p style="text-align: right;">Page 58</p> <p>1 and 7 a.m. And she told me that -- she</p> <p>2 asked me to give verbal approval over the</p> <p>3 phone for another thoracentesis.</p> <p>4 Q. And were you told why the thoracentesis</p> <p>5 was needed?</p> <p>6 A. No.</p> <p>7 Q. Earlier you had testified that the</p> <p>8 previous thoracentesis your wife had had was</p> <p>9 because there was fluid near her lung. Is</p> <p>10 that correct? Did I understand that</p> <p>11 correctly?</p> <p>12 A. Where did you say it was?</p> <p>13 Q. That she had fluid, well in the pleural</p> <p>14 area.</p> <p>15 A. I was -- I did not -- I did not recall</p> <p>16 ever hearing that word. They would always</p> <p>17 say abdomen or chest.</p> <p>18 Q. Okay. Were you told that your wife was</p> <p>19 having any breathing problems?</p> <p>20 A. This, the day of the -- this phone call,</p> <p>21 you mean?</p> <p>22 Q. Yes. The day of the phone call for the</p> <p>23 consent.</p> <p>24 A. She didn't go into any details. She</p> <p>25 just said that we needed a verbal approval</p>	<p style="text-align: right;">Page 60</p> <p>1 that morning. Is that correct?</p> <p>2 A. Yeah.</p> <p>3 Q. And was anyone else with you that day</p> <p>4 from the family?</p> <p>5 A. I know Ginny came, but I believe she --</p> <p>6 she came after my wife came back.</p> <p>7 Q. Okay. Now, when you went with your wife</p> <p>8 for the thoracentesis procedure itself, were</p> <p>9 you just sitting in a waiting room while she</p> <p>10 got the procedure?</p> <p>11 A. I remember sitting on the bench outside</p> <p>12 of her room. I don't remember where it was.</p> <p>13 Q. Did you see the procedure at all?</p> <p>14 A. No.</p> <p>15 Q. As it was being done?</p> <p>16 A. No.</p> <p>17 Q. When you had given your consent for the</p> <p>18 procedure, was the consent read to you over</p> <p>19 the phone?</p> <p>20 A. No.</p> <p>21 Q. When you arrived at Good Shepherd, did</p> <p>22 you then see this document?</p> <p>23 A. No.</p> <p>24 Q. Meaning Exhibit 1.</p> <p>25 How long were you waiting on the bench</p>
<p style="text-align: right;">Page 59</p> <p>1 ASAP for another thoracentesis.</p> <p>2 Q. And did you go with your wife to the</p> <p>3 thoracentesis procedure?</p> <p>4 A. Not -- yes.</p> <p>5 Q. I'm sorry. I was unclear on your</p> <p>6 testimony. Was that a yes, you went with</p> <p>7 her to the procedure itself?</p> <p>8 A. Yes.</p> <p>9 Q. Yes? And what time was that that you</p> <p>10 went with her to the procedure?</p> <p>11 A. I'm going to guess -- I'd say roughly</p> <p>12 between 9 and 10.</p> <p>13 Q. And where was the procedure? If you can</p> <p>14 recall?</p> <p>15 A. I have no idea. I don't know.</p> <p>16 Q. Okay. Did you go to Good Shepherd prior</p> <p>17 to the procedure and then go from Good</p> <p>18 Shepherd to the interventional radiology</p> <p>19 area?</p> <p>20 A. Yes.</p> <p>21 Q. Is that a yes?</p> <p>22 A. Yes.</p> <p>23 Q. So if I'm understanding the sequence</p> <p>24 correctly, you gave verbal consent on the</p> <p>25 phone and then you came to Good Shepherd</p>	<p style="text-align: right;">Page 61</p> <p>1 during the thoracentesis procedure?</p> <p>2 A. I didn't keep track of the time, to be</p> <p>3 honest with you. It would be a guess.</p> <p>4 Q. An educated guess is fine. Do you think</p> <p>5 it was more than one hour or two hours that</p> <p>6 you were there? Four hours? Could you give</p> <p>7 me any type of --</p> <p>8 A. I would guess maybe an hour. Plus.</p> <p>9 Q. After the procedure, did you notice any</p> <p>10 change in your wife's condition? And by</p> <p>11 after I mean immediately after. When she</p> <p>12 came out of the procedure, before you went</p> <p>13 back to Good Shepherd.</p> <p>14 A. We really didn't communicate until she</p> <p>15 got back into her room.</p> <p>16 Q. And your wife, as we've established, was</p> <p>17 still on a ventilator and she had a trach at</p> <p>18 this point. Correct?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. So she was not able to verbally</p> <p>21 communicate with you.</p> <p>22 A. Correct.</p> <p>23 Q. When you got back to the room -- I mean</p> <p>24 referring to the room at Good Shepherd. Is</p> <p>25 that correct?</p>

<p style="text-align: right;">Page 114</p> <p>1 visit your wife while she was in Good 2 Shepherd, that you know of? 3 A. I don't believe so, no. 4 Q. Okay. Now, you've talked about a Nurse 5 Lindsay. Was Nurse Lindsay at Good 6 Shepherd? 7 A. Yes. 8 Q. Do you remember any conversations you 9 had with her that you haven't already told 10 us about? 11 A. Not that I can recall. I know she was 12 very concerned that day. And she reacted 13 accordingly. 14 Q. Did you like nurse Lindsay? 15 A. Yes. 16 Q. Are there any other nurses that you 17 spoke with at Good Shepherd that you 18 remember their names as you sit here today? 19 A. All of the nurses were excellent. I 20 don't remember their names. The only one 21 that I -- that really sticks in my mind is 22 Lindsay because she was there the last day. 23 Q. Understood, understood. 24 Now, after your wife's death, did you 25 ever have any conversations with anyone</p>	<p style="text-align: right;">Page 116</p> <p>1 Q. Okay. All right. 2 Sir, those are all the questions I have. 3 And I appreciate your time, and I'm sorry 4 for your loss. 5 A. Thank you. 6 * * * 7 EXAMINATION 8 BY MS. WEED: 9 Q. Mr. Raymond, I just have a couple of 10 follow-up questions. 11 Mr. Raymond, do you have any criticism 12 of Dr. Martini's care of your wife? 13 A. No, I don't. 14 Q. And earlier, Ms. Shannon had asked you 15 about whether you had -- 16 MS. WEED: Well, let me strike 17 that. 18 Q. Earlier Ms. Shannon had asked you as far 19 as where you went location-wise when you 20 went to -- when your wife got the 21 thoracentesis. And you had testified that 22 you did not go outside. 23 Do you recall that testimony? 24 A. Say that one again, please? 25 Q. Earlier, when you were asked by</p>
<p style="text-align: right;">Page 115</p> <p>1 associated with Good Shepherd? 2 A. No. 3 Q. That you remember. 4 A. No. 5 Q. Is that a no? 6 A. No. 7 Q. Okay. Sorry. I interrupted you. I 8 apologize for that. 9 Now, just so I'm clear, on the 10 March 8th, I guess, when your wife came back 11 from Lehigh Valley Hospital to Good Shepherd 12 and then back to Lehigh Valley Hospital, did 13 Dr. Martini, was he associated with which 14 institution? Good Shepherd or Lehigh 15 Valley? 16 A. Lehigh Valley. 17 Q. If you know. 18 A. Lehigh Valley. 19 Q. Okay. Thank you. 20 Are there any other doctors, whether 21 they were associated with Good Shepherd or 22 Lehigh Valley, that you spoke with on the 23 day your wife died that you haven't told us 24 about today? 25 A. Not -- no.</p>	<p style="text-align: right;">Page 117</p> <p>1 Ms. Shannon as to a location of where the 2 thoracentesis procedure took place, that you 3 did not go outside to get to that room. 4 Do you recall that testimony? 5 A. Yes. 6 Q. Okay. Was it in the same building as 7 Good Shepherd? 8 A. I know it was connected by a long 9 corridor. But -- they're connected, yes. 10 But the same building, no. 11 Q. Okay. 12 A. They're two separate buildings connected 13 by a walkway. 14 Q. Okay. That's -- that's very helpful as 15 far as your description. 16 With respect to the ICU at Lehigh Valley 17 Hospital Muhlenberg, did you have to go to a 18 separate building when your wife was 19 admitted to the ICU? 20 A. I went into a separate entrance, yes. 21 Q. Did you go outside to get into the ICU? 22 A. No. 23 Q. So these buildings are all connected by 24 corridors, is the way you are describing it. 25 Am I understanding that correctly?</p>

<p style="text-align: right;">Page 118</p> <p>1 A. Well when she was in ICU, I went in one 2 exterior entrance. And when she was in Good 3 Shepherd, I went in another one. 4 Q. So they are separate. They are separate 5 buildings. Is that correct? 6 A. Yes. 7 Q. Okay. Thank you. 8 MS. WEED: Those are all the 9 questions I had. 10 THE COURT REPORTER: Mr. Wilhelm, 11 do you have questions? 12 MR. WILHELM: I do not, but maybe 13 Ms. Shannon does. 14 MS. SHANNON: Did I miss 15 anything, Scott? 16 MR. WILHELM: We can talk about 17 that another time. 18 MS. SHANNON: I do not have any 19 other questions. 20 MR. WILHELM: Okay. Thank you. 21 Jack, we're done. Just sit tight 22 for a few moments while we clean up, we do 23 some housecleaning over here. 24 THE WITNESS: Okay. Thank you 25 very much.</p>	<p style="text-align: right;">Page 120</p> <p style="text-align: center;">C E R T I F I C A T E</p> <p>1 I do hereby certify that I am a Notary Public 2 in good standing, that the aforesaid testimony was 3 taken before me, pursuant to notice, at the time 4 and place indicated; that said deponent was by me 5 duly sworn to tell the truth, the whole truth, and 6 nothing but the truth; that the testimony of said 7 deponent was correctly recorded in machine 8 shorthand by me and thereafter transcribed under 9 my supervision with computer-aided transcription; 10 that the deposition is a true and correct record 11 of the testimony given by the witness; and that I 12 am neither of counsel nor kin to any party in said 13 action, nor interested in the outcome thereof. 14 WITNESS my hand and official seal this 23rd 15 day of December, 2020. 16  17 ----- 18 Sabrina D'Agostino, RPR, CSR 19 Notary Public 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 119</p> <p>1 MR. WILHELM: Thanks again. 2 THE VIDEOGRAPHER: The time is 3 1:44 p.m. We are now off the record. 4 - - - 5 (Witness excused.) 6 - - - 7 (Deposition concluded at 1:44 p.m.) 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 121</p> <p style="text-align: center;">I N S T R U C T I O N S T O W I T N E S S</p> <p>1 Please read your deposition over carefully 2 and make any necessary corrections. You should 3 state the reason in the appropriate space on the 4 errata sheet for any corrections that are made. 5 After doing so, please sign the errata sheet 6 and date it. 7 You are signing same subject to the changes 8 you have noted on the errata sheet, which will be 9 attached to your deposition. 10 It is imperative that you return the 11 original errata sheet to the deposing attorney 12 within thirty (30 days) of receipt of the 13 deposition transcript by you. If you fail to do 14 so, the deposition transcript may be deemed to be 15 accurate and may be used in court. 16 17 18 19 20 21 22 23 24 25</p>